

# PHILADELPHIA MEDICAL TIMES.

## CONTENTS.

<b>CLINICAL LECTURES:</b>			
Osteomyelitis. By John B. Deaver, M.D.....	147	Condurango Redivivus.....	168
Aortic Aneurism. By William Osler, M.D.....	149	Dr. John B. Hamilton.....	169
		<i>The Maritime Medical News</i> .....	169
<b>ORIGINAL ARTICLES:</b>		<b>LONDON LETTER, Dawson Williams:</b>	
Is the Dignity of the Medical Profession Degener-		Frederick the Noble.....	169
ating? By F. S. Wilson, M.D.....	150	Mr. Frothero's Article.....	169
Recent Medico-Legal Cases. By Henry A. Riley,		Commencement of the Winter Season.....	170
Esq.....	152	Antifebrin.....	170
Specific Urethritis. By S. H. Britton, M.D.....	155	Prophylactic Medication.....	171
Which is the Liberal School? By Chas. McIlvaine,		Mr. Lawson Tait on Tubal Pregnancy.....	171
Jr., M.D.....	156	One Thousand Abdominal Sections.....	171
		Dr. Lawson Tait on Electrolysis.....	171
<b>TRANSLATIONS:</b>		Removal of Appendages.....	172
Proper Names in Medicine.....	158	Laparotomy in Suppurative Peritonitis.....	172
Corpulence of the Breasts.....	159	Hysterectomy for Puerperal Fever.....	172
Leprosy.....	160	Amputation of the Pregnant Uterus.....	172
<b>HOSPITAL NOTES:</b>		Treatment of Cancer of the Uterus.....	173
<b>GERMAN HOSPITAL:</b>		Dr. Lauder Brunton.....	173
Hydrothorax. Wolff.....	160	Laryngeal Intubation.....	173
Atypical Typhoid. Wolff.....	160	"Sweating".....	173
Amputation of the Leg. Deaver.....	161	The Sacrifice of Education to Examination.....	173
<b>JEFFERSON HOSPITAL:</b>		<b>SOCIETY NOTES:</b>	
Perityphilitis. Da Costa.....	161	<b>PHILADELPHIA COUNTY MEDICAL SOCIETY:</b>	
Rheumatoid Arthritis. Da Costa.....	162	Treatment of Peritonitis.....	174
Colles' Fracture. Forbes.....	162		
Synovitis, or Rheumatism. Da Costa.....	162	<b>LETTERS TO THE EDITOR:</b>	
Scribner's Palsy. Da Costa.....	162	Insane Asylums. John Curwen.....	175
Uremic Vertigo. Da Costa.....	162	Is Homoeopathy Quackery? S. Updegrave.....	176
Irritable Heart. Da Costa.....	162	Diagnosis Wanted. C. S.....	177
<b>MEDICO-CHIRURGICAL COLLEGE:</b>		<b>REVIEWS AND BOOK NOTICES:</b>	
Insect Bites. Shoemaker.....	163	The Ear and its Diseases. By Samuel Sexton.....	178
Animal Fats as Bases. Shoemaker.....	163	The Dispensatory of the United States. By Wood,	
Bromidrosis. Shoemaker.....	163	Remington & Sadtler.....	178
Administration of Iron. Waugh.....	163	Treatise on the Diseases of Women. By A. J. C.	
Puerperal Fever. Montgomery.....	163	Skene.....	179
Potass. Chlorate in Epithelioma. Keyser.....	163	A Text-Book of Physiology. By M. Foster.....	179
Zinc Chloride in Epithelioma. Fancourt.....	163	Hygiene of the Nursery. By Louis Starr.....	179
Epithelioma of the Penis. Fancourt.....	163	Clinical Lectures on Certain Diseases of the Nerv-	
Insomnia. Woodbury.....	163	ous System. By J. M. Charet.....	180
Chloral in Sea-Sickness. Woodbury.....	163	The Physician's Pocket Day Book. By C. H. Leon-	
Syphilis in Washerwomen. McConnell.....	163	ard.....	180
Thirst after Laparotomy. Montgomery.....	163	Coca Erythroxylon. Mariani & Co.....	180
Cornual Ulcer. Keyser.....	163	Hypophosphites in Convalescence. J. I. Fellows.....	180
Chronic Constipation. Waugh.....	164	Medical Communications of the Massachusetts	
		Medical Society. Vol. XIV.....	180
<b>PENNSYLVANIA HOSPITAL:</b>		Pamphlets.....	180
Cancer in the Liver. Hutchinson.....	164	<b>ABSTRACTS:</b>	
Erythema Nodosum. Hutchinson.....	164	Antipyrene. Polynria.....	186
<b>PHILADELPHIA POLYCLINIC:</b>		Effects of Cold upon the Circulation.....	186
Varicose Veins. Roberts.....	164	Leprosy.....	181
<b>UNIVERSITY HOSPITAL:</b>		Formula for Oil of Chenopodium.....	181
Faith Cure in Dyspepsia. Pepper.....	164	Treatment of Tubercular Laryngitis.....	181
Opium in Gynecology. Goodell.....	165	Strophanthus in Basedow's Disease.....	181
Ovarian Abscess. Goodell.....	165	Repression of Menstruation as a Curative Agent in	
Does Spaying Unsex a Woman? Goodell.....	165	Gynecology.....	181
Drainage in Abdominal Surgery. Goodell.....	166	The Ills which Corsets Cause.....	182
<b>EDITORIAL:</b>		Tobacco as a Microbicide.....	182
The Proposed Licensers' Bill.....	167	Australian Vital Statistics.....	182
<b>ANNOTATIONS:</b>		Headache.....	182
Muscle Cure.....	167	<b>MISCELLANY:</b>	
Yellow Fever.....	168	Death of Dr. R. Leonard.....	183
Typhoid Fever.....	168	The Medical Corps.....	183
Mercury Hypodermically.....	168	<b>NOTES AND ITEMS:</b>	
University Graduates.....	168	Advertising Pages vii, xi, xx, xxiii.	

No. 546.

DECEMBER 1, 1888.

VOL. XIX

### CLINICAL LECTURE.

#### TWO CASES OF OSTEO-MYELITIS.

BY JOHN B. DEAVER, M.D.,

Surgeon to the Philadelphia Hospital.

Reported by ERNEST B. SANGREE, A.M.

**G**ENTLEMEN: The first patient I bring before you is a young man who has already undergone two ampu-

tations of his right thigh at different times, and, necessarily, at different places; and you now see only the upper third of the thigh remaining. Unfortunately neither of these amputations has turned out well, and he has come into my hands for further treatment.

Perhaps the most frequent trouble following an amputation is mechanical ulcer of the stump. This is particularly the case in children, where, if the

flaps are not made on a generous scale, the bone lengthening at the epiphyseal junction, presses on the soft parts, giving rise to the ulcer referred to. Another possible sequela calling for amputation is varicose aneurism.

We may also have a neuroma make its appearance in a stump, and as the patient is thus prevented from wearing an artificial limb, amputation is again required.

One more trouble following an amputation and making another operation necessary is osteo-myelitis. That is what we have in this case, and in a few days I purpose removing the affected thigh at the hip joint.

In osteo-myelitis sinuses form through which escapes pus from the broken down tissues. The end of the stump thickens, and the patient has continual and often excruciating pain. Sooner or later pus is absorbed, passes into the system, giving rise to septicaemia or pyaemia, and thus placing the patient, of course, in the greatest danger.

In this instance you notice the opening, or sinus, down which I can pass a probe until it touches the surface of the bone, roughened through inflammatory action. You also notice the redness along either side of the cicatrix. He complains of pain along these lines, and the pain is increased by pressure.

Nothing but amputation will do this patient good; all the necrosed bone and diseased tissue must be removed; and as he has already undergone two operations, he can the more easily endure this one—he's gotten used to it, as it were. It is a fact, indeed, that patients suffering from chronic bone diseases undergo these capital operations remarkably well. I shall be greatly surprised if I have anything but a good result; though were I to perform the same operation for a railroad accident my prognosis would by no means be so favorable.

#### AMPUTATION OF FOREARM.

The next patient is one whose right forearm I shall amputate before you.

Her case is rather peculiar. Some months ago, while indulging in some fisticuff exercise with a belligerent neighbor, in the course of one of the rounds her neighborly opponent trans-

gressed the rules so far as to bite her wrist.

The first result of this punctured wound was a cellulitis. But the inflammation, instead of soon subsiding, spread wider and deeper, till there were involved both the sheaths of the tendons, the synovial membranes, and, finally, the bones themselves.

The hand grew so bad that the surgeon who had the case performed the difficult operation of wrist joint resection, removing the carpal bones.

However, the disease had already invaded the proximal ends of the metacarpal bones, producing an osteo-myelitis; and in a short time after the operation the hand was just as bad as, and perhaps worse than, before. The woman then came under my care.

The prolonged suppuration has already caused constitutional symptoms; and it is only a question of a short time till we should have septicaemia or pyaemia. Amputation above the wrist is now needed, and that I shall proceed to do.

The best of antiseptic precautions have been taken and will be taken, and we confidently count on having a good result. Yesterday the arm was washed successively with soap and water, turpentine, ether and alcohol. After this it was enveloped in a towel saturated with a solution of  $\frac{1}{1000}$  bichloride of mercury. This morning that towel was replaced by another saturated with a weaker solution ( $\frac{1}{2000}$ ). The hand, which is discharging pus, will be wrapped in a similar towel, so that none of the offensive and purulent matter may get into the wound, and other towels will be spread about, in order that neither the operator's hands nor his instruments may touch anything that is not thoroughly aseptic. My hands I now wash successively with soap and water, ether, alcohol and bichloride, leaving them undried. You frequently see surgeons wash their hands in some antiseptic solution and then wipe them on a dry towel. They might just about as well not wash them at all. Whatever is worth doing is worth doing well; and if there is anything in antiseptics, the system should be thoroughly carried out or not undertaken. The beautiful results that we get in this operating-

room must certainly prove most conclusively to all who witness that there is much in antiseptics.

Before beginning, we put around the arm simply the Esmarch tube, as we wish to avoid the consecutive hemorrhage resulting from the vaso motor paralysis consequent to the application of the Esmarch bandage.

I now remove the diseased member by making an antero-posterior flap of the skin and the superficial fascia and a circular flap of the muscles, having the parts sprayed the while with a 1:1000 solution of bichloride of mercury. After tying the main vessels, and before closing the wound, we loosen the Esmarch tube, to see if there is much bleeding, because a great desideratum to the healing of a wound is to have the parts dry when they are brought together. There is here considerable bleeding, and we are compelled to tie a number of small vessels which have become enlarged through the continued inflammation, but which, in an amputation for an accident, would require no ligatures.

The hand which has been taken off will be preserved in alcohol. I make a point of doing this in every case, because in view of a possible suit for malpractice, against which contingency a physician must always be on his guard; the actual specimen may prove of the utmost value.

A few days since I was called to testify for a surgeon who had been sued for \$20,000 damages, because of a patient who died after an operation for cancer of the breast. Most fortunately he had preserved the growth, which had been pronounced cancerous by an expert pathologist after a microscopical examination; and the exhibition of the specimen to the jury strongly influenced them in acquitting him of blame.

The nerves have been cut off well up, so that none may be caught in the cicatrix; and I avoid tying an artery and a vein with the same ligature, for in that case we should probably have an aneurism making its appearance—one of the possible unfortunate sequences of an operation mentioned in the first part of this lecture as calling for amputation.

The drainage tube I shall use will be

of rubber loaded with prepared horsehair. The tube will be taken away in twenty-four hours, and at each subsequent dressing a few strands of the horsehair removed; so that by the time the superficial parts are healed the deep parts will be also. Besides the ordinary dressings I shall place the arm in an internal angular splint, as this keeps the muscles completely at rest and greatly assists the healing process.

#### AORTIC ANEURISM.

BY PROFESSOR WILLIAM OSLER,  
UNIVERSITY HOSPITAL.

**G**ENTLEMEN: This is a case of unusual interest to you. The patient, a man aged 46 years, a stone cutter by trade, attended the dispensary for the first time on the 29th July, 1887. He gave a history of pain in the chest passing through to the back and accompanied by a dry, hacking cough. These symptoms were of seven months' duration, and were much increased during wet weather. On the 5th August of the same year, a physical examination revealed the following condition: A distinct prominence of the second right costal cartilage and manubrium was evident on inspection, the resonance being impaired. Over the aortic area the first sound was faint, the second being replaced by a blowing murmur transmitted down the sternum and to the right. A thrill was noticed over prominence of the manubrium; pulse 80, no perceptible difference being noticed in the radial arteries of the right and left sides.

During the months of September, October and November, the pain was very severe, frequent hypodermic injections of morphia having to be taken to obtain relief. Paralysis of the right vocal cord was observed. The patient was put on iodide of potassium, 40 grains in the twenty-four hours. Under this treatment there was much improvement in the symptoms as well as in his general condition. To-day, gentlemen, observe what a healthy looking man he is. If you saw him in the street you would say what a fit subject he was for a ten thousand dollar insurance. His appetite is good and he sleeps well. You observe, however, that he is still

hoarse, and that he has a peculiar husky cough.

An important event took place on April 4th, of the present year, when he had a severe bronchial hemorrhage which lasted from 2 A. M. until 7 A. M., during which time he says he must have vomited a least two quarts of blood. Three weeks after, he had a slight attack of hemoptysis; but there was no recurrence of the severe hemorrhage. On examination you notice that there is a very slight prominence of the sternum. Visible pulsation can hardly be said to exist except you look obliquely across the chest in a good light. On palpation, there is very little impulse. Dulness still exists over the right sterno-clavicular articulation and for two fingers' breadth below that point. The apex beat of the heart is felt in the nipple line, fifth interspace. A sharp systolic murmur, and a prolonged blowing diastolic murmur are heard, loudest in the third interspace to the right of the sternum; with the blowing murmur the second aortic sound is distinctly heard, and carried into the right common carotid artery. This is a matter of some importance as it shows that the aortic semi-lunar valves are intact. No difference in the radial pulses is perceptible.

Now, gentlemen, what has taken place in this case is evidently a process of consolidation of the sac, and the deposition of laminated fibrin in its wall. This is practically a cure and is all we can expect to do in cases of aneurism of the aorta.

The patient's symptoms have progressively improved. The pain has disappeared and he is able to resume his occupation. The severe hemorrhage which took place in April last can have come from nowhere else but the aneurismal sac which had evidently by continued pressure eroded the right bronchus.

In the treatment of aortic aneurism all our efforts are directed to aid the deposition of laminated fibrin in the wall of the sac, and cases in which the patients survive for more than two or three years are those in which this deposit has taken place. Now to what shall we attribute the good result in this case—to nature or art or both? During the past

year there have been four or five instances at the Philadelphia hospital of aortic aneurism which have been cured by nature's unaided efforts.

When you discover a tumor in this region it is necessary to place the patient under those conditions in which the deposition of fibrin will take place most readily. The first and most important undoubtedly is *rest*, which, by reducing the number of heart beats, reduces the number of aneurismal pulsations. By placing your patient in absolute rest you often can save from thirty to forty heart beats per minute. The second indication is to reduce the amount of liquids and solids taken into the system; by this means the quantity of fluid circulating through the sac is greatly diminished and distension prevented. This line of treatment was first practiced by Trefuell, an eminent surgeon of Dublin, Ireland.

With regard to medicinal treatment, there is one drug which without doubt exercises an important influence on the sac of the aneurism. I allude to iodide of potassium, which aids the deposition of laminated fibrin and relieves the pain of which most patients complain.

### ORIGINAL ARTICLES.

#### IS THE DIGNITY OF THE MEDICAL PROFESSION DEGENERATING?

By F. S. WILSON, M.D.

(Read before the Montgomery County Medical Society.)

IT will seem strange, perhaps, to ask this question in this age of progress in this nineteenth century, wherein so much advancement has been made in the arts and sciences; yet I am constrained to put this question, and, in the light of practical experience, answer it affirmatively. It is humiliating, I must confess, for one who entered the medical profession over eighteen years ago, with almost a sublime idea of its dignity, to admit that there is less of dignity now than there was then.

My earliest recollection of a physician, either country or city, I make no distinction, was one whose presence always inspired a certain amount of awe, of respect; one whose importance was



felt and appreciated, and whose opinion was sought after and paid for without grudge and without cavil. There was a certain amount of independence about the old time practitioner that always enlisted our praise; there was a certain amount of moral courage which he always exhibited that challenged our respect. His opinion when given, however rustic it might be, showed that it was born of originality; his ideas, however crude, bore the impress of his own thought. His convictions were not brought about by following any other man's ideas, and his work was not consummated by acting as tail to any other man's kite. He was his own, original self. He made his fee according to the financial condition of his patient and the value of his professional service, and was paid by his clientèle, I am sorry to say, with a much larger degree of gratitude than now.

It will be argued, no doubt, that the competition is much stronger now than then, brought about by the increased number of practitioners. This I will admit; but that it should be accompanied by lowering the dignity of the profession, I will not admit. This over-crowding of the medical profession is a growing evil—it is a millstone hanging around the neck of the medical profession of this country, for which they alone are responsible. Had the better class of practitioners of this country labored in season and out of season for a higher standard of preliminary and a longer period of medical education, for a better preservation of the ancient dignity of the profession—had they sought industriously to have educated the people up to that standard whereby they could have discriminated between the charlatan and the true medical man, between sycophancy and medical honesty, between the Cheap John and the man who believes every laborer worthy of his hire, between the conceited fool and the modest man, they would not now be confronted with this Octopus, medical ignorance, reaching out in every direction to destroy what was once the prominent characteristic of the medical profession of this country, viz., *dignity*. It is a sad spectacle to see men who have been practicing medicine for eighteen or

twenty years go a distance of three, four or even five miles, furnish the medicine and pay the visit, perhaps, to a well-to-do farmer for the paltry sum of *one dollar*; but we will be told that this is necessary; that competition is so great and its demands are so imperative, that he who wishes to live must come within its folds. Again, we are told that the medical schools are at fault for having made their collegiate course so short, and their requirements for graduation so easy, that annually they grind out such a large number of doctors, eager for practice as well as for experience, and the market thereby being overstocked, the old and experienced physician must be put on a level with the new and *inexperienced*.

I admit that there is some force to this argument; but I also assert that the medical profession is at fault in allowing the people to drift into such ideas.

Had the medical profession taught the laity that *cheapness* implies inferiority; that certain kinds of knowledge come only from experience; that doctors are like horses—some are worth more than others—that dignity, coupled with knowledge, skill with courage, boldness with honesty, kindness with determination, diagnostic ability with sound therapeutics, are the necessary requisites of a successful physician—had the medical profession taught this, I repeat, the people would not to-day be so lamentably ignorant of what is to their own advantage. However, physicians sometimes do small things and resort to petty practices, and offer as an excuse for such action that they are advancing with the age; that *this* is a commercial age; that they are keeping abreast of the times. For instance, a physician will lower his fees when he has a patient in the same house or next door to where a brother practitioner is attending. He defends such action by saying that it is *business*; that these times are not as they used to be; that he is only doing what our large merchants do. We will admit that we do not look upon such actions as practiced by an unscrupulous dealer in second-hand clothing with the same amount of abhorrence as we do with one who claims to belong to the ancient and honorable profession of medicine.

How do such actions comport with the dignity of the medical profession? Let the execration of such practices be the answer. We cannot blame the people so much for driving such close bargains with the physicians, when by the tolerance of the latter they have allowed the former to dictate their own terms. So bold have become the people by the truckling spirit of the physicians that even the green servant girl takes up the refrain of her mistress, and tells the physician with an exasperating coolness what she is going to pay him for the attendance which he has given her. It is this want of just appreciation on the part of the people towards the medical profession, engendered by the pusillanimity of the latter, that is to-day driving into the retirement of private life some of the brightest stars in the medical constellation. Is there no remedy for this disease, which has crept upon us so stealthily? I answer *yes*, there is.

Then let the remedy be applied vigorously and with a bold hand, that the disease may end speedily in *resolution*. Let the physicians at once arouse and shake off their cowardice; let them get back to where they once stood in their relation to the people; let them combine for their mutual good; let them not be so much afraid of their popularity, not so much afraid of the large graduating classes at the colleges, not so much afraid of criticism, not so much afraid of losing their business. Let them teach the people that theirs is a learned and dignified profession, and as such they demand for it respect and appreciation. Let such a program as this be once inaugurated, and soon a mighty change will be wrought.

We consider our profession a liberal one. We do not wish to be placed on a level with the daily laborer. If we charge a certain fee for one visit, it does not follow that that irrevocably fixes it for all visits, regardless of time spent. But this education of the people must come from the medical profession; it must be so simple that he who runs may read. It must be so bold that none dare to controvert it; it must be so ingenuous that none can disguise it.

I wish I could burn these facts into the heart of every medical practitioner

of this country. I wish I could transform these words into so many ghosts, to rise up before the vision of every student contemplating the study of medicine. I wish I could strike with awe every legislature that was about to legislate upon this important subject. I wish I could paralyze with fear every medical faculty that would teach otherwise. But I trust the day will soon come when the medical profession will get back to its ancient moorings in regard to *dignity*, and God grant that the small practices that have crept into the profession may soon be eliminated, and that she may stand as she used to stand, the most liberal and the noblest of all professions.

#### RECENT MEDICO-LEGAL CASES.

HENRY A. RILEY, Esq., New York.

THE question of corporal punishment in schools is one of considerable importance, and the tendency has been towards abolishing it. There are, however, circumstances which in the opinion of judges warrant the infliction of this mode of correction, and an Indiana case will be of interest, although the reader is not informed exactly what the offense was. The case is summarized as follows: "A pupil having been guilty of insubordination, his teacher after consulting with the township trustee, offered him his choice of a whipping or expulsion. He chose the former which was inflicted with a two-pronged switch from a tree, nine sharp blows being given.

The pupil made no outcry, and the next morning came back to school as usual without showing any injury. The whipping was painful, and some abrasion of the skin was produced; but there was nothing to show any intentional undue severity or improper motive on the part of the teacher.

It was held by the court on appeal that the evidence did not justify a conviction of assault and battery. The switch used was not an inappropriate weapon for a boy of Patrick's age of sixteen years and apparent vigor. His offence as a breach of good deportment in a school was not one to be overlooked or treated lightly. It was calculated, and was most likely intended to humili-

ate the teacher in the presence of his pupils, and its tendency was to impair his influence in the government of his school. The motive was apparently revenge for having been required to stand by the stove for a time, as a punishment for a previous violation of good order. The conviction therefore of the teacher on the charge of assault and battery was set aside.

In a late Michigan case, a person was charged with the crime of rape, and had been convicted and sentenced. He then appealed, alleging among other grounds for reversal that he had been examined in jail, for signs of venereal disease, by physicians sent by the prosecuting attorney, and the physicians had testified in court as to the result of such examination. It was claimed that this testimony was not competent. The court held that this point was not sound, saying: "It is not claimed that any confidential relations existed between the defendant and the physicians who examined him, or that such examination was made to enable the physicians to prescribe for him; or to do any act for him as a surgeon; and the defendant was told at the outset by the physicians, that they had come there at the instance of the prosecuting attorney, and he voluntarily submitted to their examination. Under the circumstances here stated, we think this testimony was competent, and the physicians were properly permitted to testify to the information derived from such examination. The privilege does not extend to cases where no confidential relations exist."

The *Albany Law Journal* comments thus upon the opinion of a prominent physician of Hartford, Conn., that Otto, who was hanged at Buffalo in 1884 for murder was insane and, therefore, not guilty: "Dr. ——— pronounces him 'another victim of medical-non-expertness and judicial incompetency,' and compares his case to that of the Salem witches. This is as logical as the modern physician usually is, when he gets this 'bee in his bonnet,' of struggling to save drunken, bad-tempered, ignorant fellows from the gallows on the plea of insanity. For ourselves, we are growing to believe that when a man commits murder under the influence of strong

drink, especially as the result of a long course of dissipation, even though he may be crazy from drink at the time, the best thing for society is to put an end to his dangerous life. Not if he becomes insane through the visitation of God, but only when he becomes insane through the indulgence of his own vicious passions. If he wants to do so, the doctor may set us down as an adherent to what he describes as 'the mediæval theory that inebriety is ever and always moral depravity and uncontrollable wickedness,' and that this is not 'mistaking insanity for wickedness.' There is always a time in the lives of most men when they know that it is wrong to kill, and if they lose this sense through a voluntary yielding to this vile appetite for strong drink, let them be judged as responsible." The opinion expressed by the *Law Journal* is one generally prevalent among lawyers, most of whom believe that the great and deciding test of responsibility is the power to decide between right and wrong, notwithstanding there may be many symptoms of insanity noticeable in the case of a murderer.

In St. Louis, recently, a person was fined for unnecessarily and cruelly beating a dumb animal, and appealed from the decision on the ground that there was no power inherent in the city courts to take cognizance of such matters.

The court in considering this point, said: "Laws for the prevention of cruelty to animals may well be regarded as an exercise of police powers. That good government calls for the condemnation of such acts as are prohibited by the ordinance ought not to be questioned. The subject is pre-eminently one for local municipal regulation.

Under the New York Penal Code, a person was a short time since convicted of murder in the second degree, but based his claim for a new trial mainly on the ground that the identity of the murdered person had not been conclusively shown. The startling question was thus presented, whether the Code prevented a conviction in a case where it could not be clearly shown who the murdered person was, although it might be proved conclusively that the accused had committed the crime.

There seemed to be no doubt that the common law did not require absolute identification, and the court held that the Penal Code had not changed the rule, otherwise all that would be necessary for a person to escape punishment would be to mutilate his victim so terribly that identification could not be made. It would not even require mutilation to accomplish the result; for the hiding of the body until natural decomposition had done its work would bring about the same immunity from punishment. The court held that so monstrous a doctrine was not intended by the Penal Code and could not be deduced from any of its statements.

The question of convict labor has become an exceedingly important one in very many of the States, and it is to be feared that there is so much ignorant prejudice on the subject that the matter will not be fairly considered on its merits. The extent by which it interferes with free labor outside the prison walls has been greatly exaggerated, so that the terrible evil of idleness and its attendant moral deterioration is not thought by many to be as serious as the reduction in price of the articles manufactured.

It is doubtful, however, whether in New York and some other States the public sentiment will allow any return to a system by which there is any possible competition with private labor. There does not seem any reasonable objection, on the other hand, to the employment of convicts on public works, such as roads and canals. At all events, if there is any objection, it should not be considered when it is once understood that there is almost no possibility of reformation among convicts unless they have the stimulus of employment in some way to occupy their hands and keep their minds drawn away from their former vicious life. The wretched system of farming out convicts in the South is worse however than anything we have in the North, and this is the way a paper recently described it: "In some of the States the penitentiary is becoming a sort of receiving ship where convicts abide until they are sold into slavery or farmed out, if that euphonism is preferred, to the highest bidder or to favored contractors. In due season, if

this course is persevered in, it is safe to predict the worst horrors of the galley, of the penal colonies, even of Norfolk Island, and the Siberian mines, will be reproduced in our own country."

The Penal Code of New York recognizes as a very serious offence the bringing of a female into this State for purposes of prostitution, and punishes it as kidnapping.

The section declares that a person is guilty of kidnapping who "seizes, confines, inveighs or kidnaps another with intent to cause her without authority of law to be securely confined or imprisoned within this State, or to be sent out of the State, or to be sold as a slave, or in any way held to service or kept or detained against her will.

In a recent case a defendant was convicted who induced a female voluntarily to take passage for a foreign port under pretence that he had there found employment for her, but intending to place her in a house of prostitution, and it appearing that she would not have consented to go out for such false pretense.

In a late case tried in Brooklyn, N. Y., a parent brought suit for damages resulting from an injury to his child, claiming loss of service on the part of the child as the main ground of the action.

The complaint also asked remuneration for the expenses of medical treatment already had, and for that which was thought to be necessary in the future. The Court refused to consider this claim, however, and said it really belonged to the child himself to set up. It might happen that the death of the child would prevent the medical services being rendered, or he might be taken to a hospital where he would be treated at the public expense. For these reasons the Court declined to go into the question of prospective medical services as a ground for heavy damages.

The cases in the courts where sewers and health measures are considered are steadily increasing, and are one of the signs of complex and ever widening civilization. In an action before the Pennsylvania Supreme Court, a person laid out a large number of city lots, and dedicated to the use of the public an



alley running in the rear of the lots. This alley was used as a passage way and for the drainage of the surface water. After a time it became necessary to dig underground sewers, and when this was attempted, the former owner of the alley objected, on the ground that such a use of the alley was not intended by the dedication. The court, however, held that the right of underground sewerage was one naturally inherent in the public in the case of dedicated lands, and that there was no evidence to show that the adjacent holders were entitled merely to surface sewerage.

### SPECIFIC URETHRITIS.

BY S. H. BRITTON, M.D.

Read in June, 1888, before the Marion Co. Society.

IN lieu of the paper that ought to have been presented to-day by the regular essayist, with your permission I'll read a brief report of a case of specific urethritis.

I would premise that it is not without an expectation of benefit that I call your attention to the subject; for I recently treated a case of gonorrhœa that was not a little perplexing and, in spite of medicines that ought to have had positive effects, was unduly protracted.

Besides, there being a multiplicity of remedies of vaunted utility in gonorrhœa, reference to the subject may elicit opinions of importance to us all, therapeutically.

Of the cause, symptoms or differential diagnosis of gonorrhœa, I have nothing to say, but will call your attention briefly to the clinical features of the case referred to. The patient, after six weeks' treatment by a regular practitioner of high standing, drifted into my hands April 3d. His general health had suffered materially. He was extremely despondent and his lack of confidence in the efficacy of medicines was quite apparent. Had had a succession of irregular chills, and his temperature was now  $103\frac{1}{2}^{\circ}$  F. Tongue was heavily coated and there were anorexia, headache and epigastric tenderness. Bowels had been somewhat loose. Locally, the penis was swollen, and there was tenderness, along the entire urethra, especially marked in the membranous portion.

There was supra-pubic tenderness and marked irritability of the bladder; for he had been urinating for twenty-four hours, every half hour, each act being accompanied by vesical tenesmus and intense ardor urinæ.

Urine was decidedly acid. The chordee was very distressing and, together with the frequent acts of urination, entirely prevented sleep. Patient told me as an actual fact that he had not slept a full hour for four weeks. There were swelling and tenderness of the inguinal glands. In spite of the injection he had been using faithfully and which, he said, invariably produced atrocious pain, there was an abundant purulent discharge. Both testes were swollen to more than double their natural size, and were exquisitely tender.

The coincidence in this case of an urethral discharge and orchitis was notable. Judging by the temperature, frequent urination, vesical tenderness and supra-pubic tenderness, I could not avoid the conclusion that there was some cystitis, during which also the urethral discharge should have abated. The swelling of the testes was not confined to the epididymis, but was general. The prepuce was phymosed, and there was occasional retention of urine, which could easily be overcome by the introduction of a small bougie.

The patient remarked that he not only had gonorrhœa, but all of its complications. He was certainly correct, for he had, in addition to the above, most promising prospects of a stricture in the pendulous urethra. About two and a half inches from the meatus was an indurated ring, extending around the urethra, involving the corpus spongiosum and the corpora cavernosa. The sensation communicated to the finger was that of a *solid* ring encircling the urethra, beneath the integument. The patient stated that, previous to the appearance of this ring, the urethra had been unusually sore at that point.

As to the treatment, simple mention must suffice. Ten grains of calomel, followed by a saline cathartic, alkaline diluents, horizontal posture, hot sedative applications, hot water irrigations of the urethra, etc.

There was a decided improvement,

but after a few days the symptoms above mentioned were made fully as bad, if not worse than before, by an indiscretion of the patient; and from that time refused to be ameliorated by any standard treatment that was given him. After about ten days, having changed tactics a few times with no success, and noticing a dissatisfaction with the results I was getting, on the part of the patient, I prescribed as follows:

Dr. Chas. L. Mitchell's soluble medicated bougies—one or two containing morphia and oxide of zinc were allowed to dissolve and remain in the urethra during the day, and one containing morphia and cocaine was used at night. The scrotum and penis were immersed and held in very hot water from ten to twenty minutes about three times a day. In three days I saw the patient again, and was quite surprised to find *no inflammatory symptoms whatever*, except a soreness in the situation of the indurated ring referred to. But the ring was entirely gone.

There was no more painful urination, no chordee, no discharge, nor swelling anywhere. Appetite was good, bowels regular, and the patient could retain his urine 4 or 5 hours without inconvenience. The treatment, it is hardly necessary to say, was continued, not so many bougies being used, however, and the patient pursued his ordinary avocations with no special inconvenience. Four weeks afterward I saw him, and there were no symptoms at all, nor were there any signs of a stricture. It is very possible, gentlemen, that I am over-enthusiastic on account of such a result as the above in a case that had so long resisted undoubtedly good treatment. And I feel on that account like being slow to pronounce encomiums on the treatment which was so satisfactory in this case.

But I must confess that, in my opinion, we have in Dr. Mitchell's soluble medicated bougies, a most thorough method of treating urethritis, in that the medicament is brought in direct contact with the diseased part, and can be kept there; thus insuring a favorable effect in all cases.

## WHICH IS THE LIBERAL SCHOOL?

BY CHARLES McINTYRE, JR., M.D.,  
of Easton, Penna

Read before the American Academy of Medicine.

The title of this paper is open to the criticism of the advocates of literal accuracy in that it assumes a fact that many deny. However, the popular use of the term conveys an idea, the meaning of which cannot be misunderstood, and, it is hoped, the thought developed will excuse the apparent approval of a popular fallacy.

The paper itself was suggested by some correspondence with a gentleman who possessed the necessary degrees to admit him to fellowship; but, as it transpired, his medical degree was from a Hahnemann college; he, consequently, was unwilling to subscribe to the code of ethics of the American Medical Association, as required by our constitution. In a perfectly courteous and gentlemanly letter, he deplored the fact of non-intercourse and asserted that as homœopathic practitioners of to-day do not rely solely upon the doctrine of similars, and, consequently, with a very little exception, we think alike and act alike, it is illiberal and bigoted in the "old school" to deny that free intercourse which our common end in life demands. And while reading this letter, the question again arose in my mind, Who are the truly illiberal and—well, possibly also bigoted? But before discussing the question, not being desirous to use this assertion from a private letter as a fact upon which to found an argument, I desire to quote from an "Address delivered by the President of the Pennsylvania Homœopathic Medical Society, Hugh Pitcairn, M. D." This address was delivered in Philadelphia in September of the present year, and is printed in pamphlet form. He says:

"Hahnemann, in his inimitable Organon, says; 'The physician's highest and only calling is to restore health to the sick. 'The highest aim of healing is the speedy, gentle, and permanent restoration of health, or alleviation of disease in its entire extent, in the shortest, most reliable, and safest manner.'

"Whatever we may credit further of his writings, more than the law of similars which he gave us, we can all stand firmly and unitedly on these bases. How well we have this year thus performed our different duty we may only know here in part, but cannot know fully; so it behooves us not to be too hasty in our conclusions, or too quick in our condemnations; neither should we say complacently, 'Are not Abana and Pharpar . . . better than all the waters of Israel?' We must familiarize ourselves with, and investigate all things pertaining to therapeutic science, holding fast only that which is good." \* \* \*

"I was peculiarly and forcibly impressed with these interrogative sentences of the address of Prof. A. R. Thomas, last year, at our Pittsburgh meeting:

"Does homœopathy constitute the whole of therapeutic science?" "Is the physician less prepared to cope with a disease in its varied forms whose knowledge and use of drugs is always and only confined to their homœopathic use?" "Has the physician discharged his full duty to his patients, in all cases, when he has made most careful selections of the symptoms in the case?" "May the medical school, in view of its responsibility in the education of physicians, confine its therapeutic teachings to the homœopathic medication alone?" And without wishing to antagonize the peculiar views of any member of our State Society, I am constrained to affirm negatively every proposition."

The question that I desire to consider, in a dispassionate way, may be expressed: Does that branch of the legally qualified practitioners of medicine self-called "regulars," nicknamed "allopathic,"—but falsely, as has been so ably shown by Dr. Bombaugh in a paper before the Academy some years ago—does this branch show illiberality in their professed rule of non-intercourse with any other branch which professes to use any exclusive dogma of therapeutics; or does that branch, self-called "homœopathic," itself show its narrowness by adherence to the therapeutic law so asserted by the very name it bears?

Let us keep clearly in view that the question is not in the use of preparations of peculiar make. I have known of several physicians who have used the "mother-tinctures" upon the false supposition that they were necessarily stronger than the official preparations, and yet I think the most ardent devotee to the strictest construction of the letter of the code could find here no obstacle to consultation. I had related to me the experience of an old gentleman, a country practitioner, who, in his early practice, found families desirous of homœopathic treatment. My friend purchased a box with the necessary phials of pellets; his children secured the case one day and emptied the pellets into one mixture. It would not do for a frugal country practitioner to waste so much medicine, so he filled his little bottles with the mingled pellets, and the compound worked as well as singles had done. I do not for a moment aver that this was homœopathy: but the employment of this special form of drug did not ostracise this doctor, nor prevent his raising a son to practise medicine pure and undefiled.

Neither does the answer to the question depend upon any idea or theory of the action of the medicine. A history of medicine, from a therapeutic standpoint, is almost exclusively a story of the rise and fall of the theory upon which medicines were supposed to act. These periods were not sharply defined, and overlap each other, so that everywhere along the line might be found men who had even opposite views of the action of drugs, but this in itself is not a bar to their meeting.

It is also well to remember that because the teaching of Hahnemann has not been generally adopted, it is not a sequitur to assert that these teachings have not been examined, and whatever of grain they may have possessed has been placed in the general storehouse of scientific medicine. The language describing the fact may have changed, the theory explaining the phenomena may have been regulated by a hypothesis that fits more accurately the more extended view of progressive medicine, but the facts themselves have been preserved, and are used as the common property of medical knowledge.

But why, if these statements be true, does this condition of non-intercourse exist? I think, possibly, in the first place that the early disciples of Dr. Hahnemann attacked with a great deal of energy the methods of practice of their fellows, sometimes offensively, and sometimes also the men attacking, except the study of a book of symptoms, and the remedies therefore, had no training in medicine. It was also at a time when the therapeutics of the "old school," may I say, needed modification in some particulars, and these attacks of the "new school," as they might then have been called, were none the less hard to bear because they contained grains of truth. A very natural enmity sprang up which has not had the opportunity to be allayed on account of the second reason. This was the assumption of a title to distinguish them from others, which title assumes adherence to a certain definite hypothesis in the selection of remedies. In other words, these gentlemen built a wall around themselves separating their portion of the world from the general republic of medicine, or if they prefer, lifted themselves upon a platform, and then complain that the dwellers of the great prairie are narrow, since they bound their views by the horizon and not a limit of man's making. This in the very nature of the case would keep up the old feeling.

But they say, and I again quote from the pamphlet address of Dr. Pitcairn, "Yet they were broad minded investigators of truth from every source, and learned in all the wisdom of the schools." No longer, we may paraphrase, are we the abject followers of one man, but we are earnest students of the phenomena of health and disease, and use whatever remedy will best produce the results we desire, whether it is explained by the law of similars or not. Why then claim the name? It has been asserted, and truthfully I think, that the practice of an educated man calling himself a homœopath, and of an educated man without any therapeutical soubriquet, differs in naught but in non-essentials; only in those cases when the treatment required is of that sort that has sometimes been euphonized as expectant. Hence the assertion made

some years ago, by whom I cannot now recall, that "Homœopathy was either a cloak of ignorance or a trade-mark." The popular mind, in part, has taken a fancy to the traditional "pleasant doses" and desires it for the children at least, some of them expressing a doubt as to its efficacy for themselves."

Herein is at least a temptation, so that if the assurance were given that they need not change their methods of thought a single iota, nor their therapeutic theories by so much as a jot, nor by a tittle any of their ways of procedure, but only drop the name which means what it does not appear to indicate, but only cease to place "Homœopathic Physician" on their signs, to call their colleges, "Like-Disease Colleges," and their institutions "Similia Hospitals," and there would be no generic bar to their consulting with even a member of the Judicial Council of the American Medical Association, there would still be some who clinging to their narrowing name would shout bigot. And I think I voice the mind of the more thoughtful APATHIC school, if I may be pardoned the word, when I say that if these gentlemen would so throw aside the only thing that apparently separates us, they would find all signs of illiberality to have passed away.

Let the narrowness and bigotry be placed where it belongs; not on those who are seeking for truth, wherever it may be found, and do not want to be hampered by even the temporary abiding under the shadow of a theory confessedly insufficient, but on those who shut themselves in a close of their own making and accuse the world of unsociability because there is no room within for any who think in any other way than they.

## TRANSLATIONS.

### PROPER NAMES IN MEDICINE.

The following list is translated from *La France Médicale*:

Addison's keloid.....	Morphea.
" disease.....	Bronzed skin.
Albert's ".....	Mycosis, fungoid.
Aran-Duchenne's disease.....	Progressive muscular atrophy.
Astley Cooper's hernia ....	Cruel hernia with multi-lobar sac.
Argyll-Robertson's sign.....	Absence of pupil reflex.
Basedow's disease.....	Exophthalmic goitre.
Bazin's ".....	Buccal psoriasis.



Beclard's hernia.....Hernia opposite the saphenous orifice.  
 Bell's palsy.....Paralysis of the 7th pair.  
 " spasm.....Convulsive facial tic.  
 Bergeron's disease.....Rhythmic localized chorea.  
 Boudin's law.....Antagonism of paludism and tuberculosis.  
 Boyer's cyst.....Sub hyoid cyst.  
 Bright's disease.....Albuminous nephritis.  
 Brown-Sequard's syndrome.....Hemiparaplegia, with hemianesthesia of the other side.  
 Cazenave's lupus.....Lupus erythematosus.  
 Charcot's disease.....Ataxic arthropathy.  
 " ".....Lateral amyotrophic sclerosis.  
 Cheyne-Stokes' respiration.....Uremic respiration.  
 Cloquet's hernia.....Pectineal hernia.  
 Colles' fracture.....Fracture of the lower end of the radius.  
 " law.....Non-infection of the mother by her syphilitic child.  
 Corrigan's disease.....Aortic insufficiency.  
 Corvisart's facies.....Aortic facies.  
 Cruveilhier's disease.....Simple gastric ulcer.  
 Donders' glaucoma.....Simple atrophic glaucoma.  
 Dressler's disease.....Paroxysmal hemoglobinuria.  
 Dubini's disease.....Electric chorea.  
 Duchenne's disease.....Locomotor ataxy.  
 " palsy.....Pseudohypertrophic palsy.  
 Dühring's disease.....Dermatitis herpetiformis.  
 Dupuytren's disease.....Retraction of the palmar aponeurosis.  
 " hydrocele.....Encysted hydrocele.  
 E. Wilson's disease.....Generalized exfoliative dermatitis.  
 Eichstedt's disease.....Pityriasis versicolor.  
 Erb's palsy.....Paralysis of the roots of the brachial plexus.  
 Erb Charcot's disease.....Spasmodic tabes dorsalis.  
 Fouchard's ".....Alveolo-dental periostitis.  
 Friedrich's ".....Hereditary locomotor ataxy.  
 Gerlier's ".....Paralyzing vertigo.  
 Gilbert's pityriasis.....Rosy pityriasis.  
 Gibbon's hydrocele.....Hydrocele with voluminous hernia.  
 Gilles de la Fourrette's disease.....Motor inco-ordination, with echolalia and coprolalia.  
 Goyrand's hernia.....Inguino-interstitial hernia.  
 Graves' disease.....Exophthalmic goitre.  
 Græfe's sign.....Dislocation of the movements of the globe of the eye and of the upper eyelid.  
 Guyon's sign.....Renal ballotement.  
 Harley's disease.....Paroxysmal hemoglobinuria.  
 Heberden's rheumatism.....Rheumatism of the smaller joints, with nodosities.  
 Hebra's disease.....Polymorphous erythema.  
 " pityriasis.....Chronic pityriasis rubra.  
 " prurigo.....True idiopathic prurigo.  
 Henoch's purpura.....Purpura with intestinal symptoms.  
 Heselbach's hernia.....Crural hernia with multi-lobar sac.  
 Hippocrates' facies.....Agonized facies.  
 Hodgkin's disease.....Adenitis.  
 Hodgson's ".....Aortic aneurysm.  
 Hugulier's ".....Uterine fibro-myoma.  
 Hutchinson's teeth.....Syphilitic teeth.  
 " triad.....Syphilitic teeth, interstitial keratitis, otitis.  
 Jacob's ulcer.....Chancroid.  
 Jacksonian epilepsy.....Partial epilepsy.  
 Kaposi's disease.....Xeroderma pigmentosum.  
 Kopp's asthma.....Thymic asthma; spasm of the glottis.  
 Kronlein's hernia.....Inguinal, properitoneal.  
 Laennec's cirrhosis.....Atrophic cirrhosis.  
 Landry's disease.....Acute ascending paralysis.  
 Langier's hernia.....Hernia across Gimbernat's ligament.  
 Leber's disease.....Hereditary optic atrophy.  
 Levret's law.....Marginal insertion of the cord with placenta prævia.  
 Littre's hernia.....Diverticular hernia.  
 Ludwig's angina.....Subhyoid infectious phlegmon.  
 Malassez's disease.....Cystic testicle.  
 Ménière's ".....Labyrinthine vertigo.

Millar's asthma.....Stridulous laryngitis.  
 Morand's foot.....Foot with eight toes.  
 Morvan's disease.....Analgesic paresis of the extremities.  
 Parrot's disease.....Syphilitic pseudo-paralysis.  
 " sign.....Dilatation of the pupil on pinching the skin.  
 Paget's disease.....Pre-cancerous eczema of the breast.  
 " ".....Hypertrophic, deforming osteitis.  
 Parkinson's disease.....Paralysis agitans.  
 Parry's ".....Exophthalmic goitre.  
 Pavy's ".....Intermittent albuminuria.  
 Petit's hernia.....Lumbar hernia.  
 Pott's aneurysm.....Anastomotic aneurysm.  
 " fracture.....Fracture of the fibula by division.  
 " disease.....Vertebral osteitis.  
 Raynaud's disease.....Symmetrical asphyxia of the extremities.  
 Reclus' ".....Cystic disease of the breast.  
 Richter's hernia.....Parietal enterocoele.  
 Rivolta's disease.....Actinomycosis.  
 Romberg's sign.....Unsteadiness of ataxics in darkness.  
 " trophoneurosis.....Facial hemiatrophy.  
 Rosenbach's sign.....Abolition of abdominal reflex.  
 Salaam tic de.....Convulsive salutation.  
 Scemisch's ulcer.....Infectious corneal ulcer.  
 Storck's blennorrhœa.....Blennorrhœa of the upper air passages.  
 Stokes' law.....Paralysis of muscles subjacent to inflamed serous or mucous membranes.  
 Sydenham's chorea.....Common chorea.  
 Thomsen's disease.....Muscular spasm at the beginning of voluntary movements.  
 Tornwald's ".....Inflammation of Luschka's pharyngeal gland.  
 Velpeau's hernia.....Crural hernia in front of the vessels.  
 Volkmann's deformity.....Congenital tibio-tarsal luxation.  
 Wardrop's disease.....Malignant onyx.  
 Weil's ".....Abortive typhus with jaundice.  
 Wells' facies.....Ovarian facies.  
 Werthoff's disease.....Purpura hemorrhagica.  
 Westphal's sign.....Abolition of patellar reflex.  
 Willan's lupus.....Lupus tubercular in form.  
 Winckel's disease.....Fenileous cyanosis of newborn infants.

## REMEDY FOR CORPULENCE OF THE BREASTS.

After pointing out the inconvenience attending the use of iodide of potash to reduce excessive corpulence, M. Kisch recommends the following treatment. At first the breasts are anointed with a pomade of iodoform, according to the following formula :

Pure deodorized iodoform.. 1 part.  
 Pure vaseline.....15 parts.  
 Essence of peppermint.....11 drops.

The breasts are then enveloped in warm cloths dipped in the following solution :

Alum..... 1 part.  
 Acetate of lead..... 5 parts.  
 Distilled water.....100 parts.

Over the cloths an impermeable paper is placed; the whole left for twelve hours. The inunctions and dressings are repeated morning and evening. Treatment should be continued for many weeks. At the same time the patient

is recommended to rub the breasts with aromatic spirits to harden the skin. She should also wear a bandage to support the breasts.—*Gazette de Gyn.*

#### LEPROSY.

DR. DRECKMANN, Vienenburg, reports the cure of a case of leprosy. A native of Brazil, since four years a leper, age 42 years, has four healthy children and a wife eighteen years a leper. This was a typical picture of *lepra tuberosa* as well as *lepra anæsthetica*, the former at its favorite localities, the latter principally at the hands and feet.

After seven months of the strictest and most energetic treatment the patient was sent home cured. The fundamental principle of the treatment was as follows: The application of the strongest possible preparations of the so-called "reducents," especially pyrogallol, chrysarobin, ichthyol, internal ichthyol, up to three grammes daily; creasote and other at present usual remedies. Painting twice daily of the whole body with a 10-25 per cent. salve of chrysarobin, with the exception of the hands, feet and face, where a 10-15 per cent. salve of pyrogallol was used. This general treatment was conscientiously practised daily for seven months.

Isolated tubercles suitably located were excised. Application of plasters of the above named medicaments, especially on the face, of the salicylo-creasote plaster.

Nasal and pharyngeal affections were removed by means of the thermocautery. The patient, who at the beginning of the treatment was compelled to crawl upstairs on his hands and feet, who was not able to hold in his hands a beer-glass or a spoon, whose hands, arms, calves, feet, but especially the insteps, were almost totally anæsthetic and analgesic, went, after a four weeks' treatment, without difficulty and almost without exertion up and down stairs; wrote, after six weeks, long letters to his family; distinguished, after five months, with positive certainty whether the point or the head of the needle touched the skin at any part of his body; and climbed, a short time before his departure, on a rope-ladder

up the shaft of a mine three hundred feet deep.

The doctor is fully convinced of the radical cure of the leper. The merit of having discovered and first applied this method of treatment belongs to P. H. Unna. Nor does he doubt that through a treatment based upon this principle leprosy may be made to cease being a scourge of mankind, and hopes that the governments may concern themselves about this matter.

—*Internat. Klin. Rund.*

#### HOSPITAL NOTES.

##### GERMAN HOSPITAL.

##### HYDROTHORAX.

Dr. Wolff presented a patient suffering from hydrothorax in consequence of dilatation of the heart and mitral regurgitation. The fluid extended up to the clavicle on the left side, and respiration was very labored. Paracentesis was performed about a week ago, and internally as a heart tonic he was given caffeine, gr. ij, sodii benz. gr. iij; and simple syrup, 3j, four times a day. To promote absorption of the effusion, he was given salines in the morning, twice a week, and very dry diet was enjoined. The effusion still extends to the fourth intercostal space, and Dr. Wolff ordered salines every other morning, and as a counter-irritant, olei tigllii, 3j, ether. sulph. 3ij, tr. iodi 3v, to paint on the chest; tr. digitalis, gtt. x, three times a day, in conjunction with the other heart stimulants, to hasten absorption and strengthen the circulation.

##### ATYPICAL TYPHOID.

The second case Dr. Wolff presented was a German, who landed about two weeks ago from Antwerp, and was admitted to the hospital soon after landing. Patient had a temperature of 104° in the afternoon and 103° in the morning. On examination, Dr. Wolff found two vesicles on the abdomen, several in the occipital region, and one on the left cheek, near the region of the parotid gland, which tended to suppuration. Patient was given twelve grains of quinine every day, without reducing the fever. On examining the blood,

granular degeneration of the red corpuscles was found, and the diagnosis of typhoid fever was made; though the characteristic eruption was absent.

For the vesicles he used a five per cent. solution of carbolic acid, painted the parts after opening them; and healing followed very readily.

#### AMPUTATION OF THE LEG.

DEAVER performed the above operation on the 10th inst. The previous facts of the case were duly reported in the last issue of the *TIMES*.

The resection had proved unsuccessful as Gross feared, the foot having lost its vitality. The amputation was done by a modification of the "bloodless" method—a pad was placed in the popliteal space and an Esmarch tourniquet applied so as to compress the popliteal artery. The rubber bandage was not used. Deaver considered that in cases of this kind it was better not to amputate too close to the ankle joint, as an artificial limb could not be so useful as when applied higher up. For this reason, the junction of the middle with the lower third of the tibia was selected as the site of operation. Anterior and posterior flaps of skin and superficial fascia were cut. The importance of including the fascia in the flaps was pointed out as it contains the nutrient vessels which supply the skin. A circular cut of the muscles was made, and the bones sawn through. It was found necessary to remove a considerable portion of the fibula—inflammation having traveled up its medullary canal. The operation was remarkable for the strictures with which the antiseptic method was carried out.

#### JEFFERSON HOSPITAL.

##### PERITYPHLITIS.

(DA COSTA.)—Gentlemen: The first patient I shall bring before you to-day is a boy aged 17 years. You notice his general appearance indicates good health, and he tells us that he was never sick until April last, when he had an attack of typhoid fever of the usual type, and without any abnormal symptoms. On examining his abdomen we find distinct evidence of a tumor, which occupies the right of the umbilical region, where we obtain dulness, with tympany to the left. This is undoubt-

edly an obscure case, and we shall arrive at a diagnosis by a process of exclusion. We ask ourselves what could possibly give rise to a tumor such as we have here? Rigid recti-muscles, cancer of the mesentery, phantom tumor, disease of the mesenteric glands, the result of the typhoid fever, and perityphlitis, are amongst the affections which naturally suggest themselves to us.

I think we may dismiss phantom tumor and rigidity of the recti-muscles, and pass on to the consideration of cancer of the mesentery as being the cause. Well, the age of the patient, his healthy appearance, the absence of pain and of constitutional symptoms, and the fact that he is putting on flesh instead of losing it, are sufficient grounds for our excluding cancer of the mesentery. Let us then decide between disease of the mesenteric glands, the result of the typhoid, and perityphlitis.

If the mesenteric disease was as extensive as the size of the tumor would lead us to believe, there would be a corresponding impairment of the general health—in other words, we should have the condition known as marasmus present. But as is obvious, the patient's health is little, if at all, affected, so that the disease we have to deal with is perityphlitis, or chronic inflammation of the connective tissues surrounding the cæcum, the result of typhoid fever. I regard the prognosis as extremely favorable, and think that absorption will take place.

The treatment will therefore be directed to promote absorption, and with that object we shall order hot poultices to be applied over the tumor, and the following ointment to be rubbed in at frequent intervals:

R Iodi ..... gr. xx.  
Ung. belladonnæ ..... ʒiv.  
Lanolini ..... ʒiv.  
Fiat ung.

At the same time we shall give him 10-grain doses of iodide of potassium, with 3 drops of deodorized tincture of opium, every four hours; and for the relief of his pain at night, I think the following mixture will be found useful:

R Sp. chloroformi,  
Tinct. cardamomi co. .... aa ʒi  
Morphinæ sulphatis. .... gr. j  
M. et sig.—A teaspoonful at bedtime, to be repeated in an hour if necessary.

## RHEUMATOID ARTHRITIS.

The next case I will show you is one which presents many points of interest. This man tells us that he is 36 years of age, a farmer by occupation, and that his family history is good. He has suffered for ten years from joint disease, which commenced in his left elbow, complete ankylosis resulting. He is positive that beyond severe pain there was no fever or constitutional disturbance. Seven years ago he was obliged to work with the left arm which in time also became stiff. You observe, gentlemen, that the fingers of both hands have likewise become enlarged and ankylosed, and a distinct grating sensation is felt in movement. There seems to be more thickening in the structures round the joint rather than that of the bones themselves. With regard to the lower limbs they do not seem to be much affected, but the patient says that he suffers from occasional attacks of severe pain in the knees, ankles and toes. We find on examining his heart that it is beating with rapidity, (a sign I do not attach any importance to, when we remember the excitement a patient shows on being examined before the clinic) but there is no murmur. The pulse is of good volume, his tongue is clean, his appetite is good and his bowels are regular. The urine has not been yet examined. We therefore look on this case as one of rheumatoid arthritis, probably caused by cold and damp; but we never can be certain of the cause of this affection.

Gentlemen, the treatment is partly medical and partly surgical. We shall put him under ether and break up those adhesions, following up our local measures with passive motion and massage. It is right we should avail ourselves of some recent observations on the local uses of sulphur in promoting perspiration, so that we shall wrap the affected joints in sulphur covered with cotton wool and oiled silk.

In the internal treatment of rheumatoid arthritis, experience shows us that the salicylates are of no value whatever. The iodides, guaiacum, arsenic, iron and cod-liver oil give the best results. Accepting the theory that the joint affections in this disease are of nervous origin, I shall prescribe arsenic,

commencing with 3-drop doses of Fowler's solution after each meal and pushing it to tolerance.

**COLLES' FRACTURE.**—FORBES showed two cases of Colles' fracture of recent origin, the one occurring in an elderly female, the other in a boy aged 10 years. Attention was called to the characteristic deformity in both cases, and the splints of Bond and Gordon used in the treatment of this injury were explained to the class. Forbes advocated the use of ordinary short anterior and posterior straight splints, carefully padded so as to prevent the overriding of the fragments. He considered that a certain amount of permanent deformity was always to be expected, no matter what care was observed.

**SYNOVITIS OR RHEUMATISM?**—When a patient comes to you with painful swelling of one of his joints, and has only slight constitutional symptoms, on the doctrine of chances, the probability is you are dealing with synovitis and not with rheumatism.—*Da Costa.*

**SCRIVENER'S PALSY.**—*Da Costa* thinks this affection is of muscular origin, and that there is no central nerve lesion. With regard to treatment, he says absolute rest is most essential. Benefit also results from the use of the galvanic current of medium strength, combined with the alternate use of heat and cold, than which there is no more powerful modifier of muscular nutrition. Strychnine, in doses of  $\frac{1}{10}$  grain, three times a day, has been found of much value.

**IRRITABLE HEART.**—"The most prominent symptoms of this condition are 1st. Extreme frequency of heart's action in the erect position, followed by marked slowing when the patient lies down, the difference as is well seen in this case being from 132 to 84 beats. 2d. Short sharp first sound with accentuated second sound. Treatment, absolute rest, ice bags over heart at short intervals. A belladonna plaster is useful, and  $\frac{1}{10}$  grain of chloride of barium three times a day. This drug has the same action on the heart as digitalis or strophanthus, but is more tonic."

—*Da Costa.*

**SUBJECTIVE VERTIGO DUE TO URÆMIA.**—*Da Costa* exhibited a middle-aged man, who gave a history of subjective



vertigo—i. e., a feeling of dizziness with tendency to fall, felt by the patient alone, but not observed by those around him. Examination of urine showed abundance of albumen. There were no signs of intra-cranial pressure or of albuminuric retinitis. The patient complained of constant headache and constipation. Da Costa considered this state of things indicated degeneration of the cerebral arteries, and prescribed twenty drops of *acidi muriatici dil.*, three times a day, with the following pill as a laxative:

R Ext. colocynth co. .... gr. 1  
Ext. taraxaci ..... gr.  $\frac{1}{2}$   
Pulv. rhei ..... gr. 1  
Ext. belladonnæ ..... gr.  $\frac{1}{16}$

To be taken at bed time.

#### MEDICO-CHIRURGICAL COLLEGE.

**INSECT BITES.**—Many different preparations are advocated for insect bites; creosote and pennyroyal perhaps having the preference. But Shoemaker says that, compared with B naphthol, all other drugs known are worthless for this purpose. From 3ss-3 to 3 of lano-line or other base will make a preparation of great value in lessening the irritation of insect bites.

**ANIMAL FATS AS BASES.**—Shoemaker insists on using animal fats as bases for ointments. He has made long and careful experiments on the value of mineral and vegetable bases compared with that of the animal fats, and has invariably found the latter far superior as a means of conveying a medicament into the skin or glands. He says that animal fats have an affinity for animal tissues not possessed by any mineral or vegetable oil or fat, no matter how elegant it may appear.

**BROMIDROSIS.**—For this most annoying affection a good dusting powder is one composed of oleate of zinc, containing from fifteen to thirty grains of naphthol to the ounce.—*Shoemaker.*

**WHEN GIVING IRON.**—When giving iron, Waugh likes to prescribe along with it small doses of sulphate of magnesia every few days, in order to keep the iron from collecting in the bowels.

**PUERPERAL FEVER.**—Montgomery says that he does not remember a single case of puerperal fever in Blockley, that was not preceded by a lacer-

ation of either the perineum or the vagina.

**POTAS. CHLORATE IN EPITHELIOMA.**—With powdered potassium chlorate Keyser has succeeded in curing, or at least apparently curing, every case of epithelioma of the face he has undertaken in the last three years. Pack the powder over the neoplasm morning and evening till it disappears.

**CHLORIDE OF ZINC FOR EPITHELIOMA.**—Pancoast showed a case of epithelioma of the outer angle of the left orbit healed and apparently cured by the use of chloride of zinc. He says he has cured many cases of epithelioma by its use.

**EPITHELIOMA OF THE PENIS.**—On November 14, Pancoast amputated about one-half the penis of a man of seventy for an epithelioma, too far advanced to be treated in any other way.

**INSOMNIA.**—A combination of chloral hydrate and potassium bromide in camphor water is an excellent remedy for general insomnia.—*Woodbury.*

**CHLORAL IN SEA-SICKNESS.**—It is advised by some to take gr. v doses t. d. of chloral for sea-sickness, but Woodbury thinks that much the best way to use chloral for this affection is to take just before embarking a dose of from 30 to 60 grs. The patient then goes to sleep for about twelve hours, and by that time has probably become accustomed to the motion of the vessel. If not, let him repeat the dose.

**SYPHILIS IN WASHERWOMEN.**—It is not uncommon for washerwomen to contract syphilis from infected clothing, through a cut or abrasion about the finger or the hand. McConnell has seen more than a dozen cases of syphilis contracted in this way.

**CORNEAL ULCER.**—In a case of corneal ulcer, that obstinately resisted treatment for a long time, Keyser succeeded in effecting a cure by the use of iodoform ointment.

**THIRST AFTER LAPAROTOMY.**—After a laparotomy there is generally a burning thirst, and it is usual to recommend the giving of small pieces of ice to the patient; but Montgomery says that as anything in the stomach is irritating at such a time, a far more satisfactory way, both to patient and surgeon, is to inject gently up the rectum from a pint

to a pint and a half of warm water. Persistent pain after a laparotomy is best met with salines; opium reduces the vital forces too much.

**CHRONIC CONSTIPATION.**—"Chronic constipation," says Waugh, "is like the poor: it is always with us." It is the cause, direct or indirect, of a multitude of ills, and is in other diseases, especially with women, a common and obstinate complication. Waugh, however, does not believe that so many of these cases are irremediable as is generally taught; on the contrary he holds that nearly every case can be cured, provided it does not depend on some incurable structural or mechanical lesion. His plan of treatment is this: The patient is in the first place to go to stool with the regularity of clock-work at a certain hour each day; and whether or not there be a wish or an ability to defecate, she is to stay at stool a good fifteen minutes. This may be called the moral education of the bowel; now for the physical:

R Ext. aloes purificati.....gr. x  
Ext. nucis vomicæ.....gr. x  
Ext. belladonnæ.....gr. ij  
Oleoresinæ capsici.....gr. ij

M. Ft. pilulæ in no. xx.

Sig.—One pill three times daily.

The proportion may be altered to suit different cases. These are given three times a day, because he believes that in this trouble small doses, frequently repeated, are of far more efficacy than larger doses at longer intervals. These pills are thus continued till the patient has two passages a day. The pills are then halved until two passages are produced by that. In regular order a quarter, eighth, a sixteenth and so on, are given in the same way, until at last the patient can have one regular movement of the bowels a day without the assistance of drugs.

#### PENNSYLVANIA HOSPITAL.

##### SECONDARY DEPOSIT OF CANCER IN THE LIVER AFTER REMOVAL OF SCIRRUS OF BREAST.

HUTCHINSON exhibited a middle-aged female, from whom the left breast had been removed seven months previously, for scirrhus tumor. Examination now showed the existence of secondary deposits in the liver, which was enlarged

and nodulated. The cancerous cachexia was well marked. An interesting feature of the case was the complete absence of jaundice; but, as Hutchinson observed, this condition is rarely seen in cases of grave disease of the liver. There was no obstruction of the portal system, the abdominal distention being due to tympanites.

##### ERYTHEMA NODOSUM ACCOMPANYING PHTHISIS.

Hutchinson next showed a well-marked case of phthisis occurring in a girl who had been only a year in the country. There was the usual history of cough, loss of flesh, night-sweats, etc.; and the physical signs of a cavity were present in both apices. A point of interest was the appearance, about a month ago, of erythema nodosum on the anterior aspect of both legs. Hutchinson stated that this complication was frequently seen in phthisical patients who had rheumatic symptoms, as was well seen in the patient before the clinic. Twenty grains of the acetate of potassium had been prescribed with much benefit.

#### PHILADELPHIA POLYCLINIC.

##### VARICOSE VEINS.

ROBERTS showed, at a recent clinic, a middle-aged female, who for some years had suffered from varicose veins of the right leg. Twenty-five years previously she had a femoral hernia on the same side, which occurred during parturition, and for which she wore an ill-fitting truss. Roberts thought it probable that the varicose veins were caused by pressure of the hernial tumor and truss on the saphenous vein at the femoral ring.

#### UNIVERSITY HOSPITAL.

##### FAITH CURE IN NERVOUS DYSPEPSIA.

A patient—female aged 26—was brought before the clinic. She was remarkably anemic, and the history of the case showed that for months past she had suffered from gradual failure of digestion, accompanied with flatulency which was so severe that it could be heard as she expressed it "in the next room, although the door was closed."

This distressed her so much that she led a solitary existence and did not care to mix with her friends.

Pepper drew attention to the fact that the failure of digestion was due to failure of nerve power and not to gastric catarrh. The unpleasant borborygmi complained of were caused by spasmodic contractions of the walls of the stomach and intestines, the gases resulting from the fermentation of food being forced about in the alimentary canal. He considered that these spasmodic contractions were of reflex origin and caused by some irritation—very often a fissured anus, or more likely in females' ovarian congestion.

In reviewing the line of treatment proposed to be carried out, Pepper said: "There is a state of fixed attention to the suffering part always present in this class of cases which often continues after the disease is cured. It is the recognition of this condition which forms the basis of what is known as the 'faith cure,' a therapeutical agent which has, gentlemen, claims on our most serious study, and I will go so far as to say that without 'faith cure,' you cannot treat cases of nervous dyspepsia with success. I have seen cases which have been for months under the care of intelligent physicians, to be completely cured after two or three interviews with the faith healer, who says 'there is no such thing as disease, therefore you are not sick, you are not suffering, you *must* not suffer.' This is a line of argument which in the hands of skilful physicians is a powerful remedial agent, but when used by unscrupulous persons degenerates into the merest quackery. By its means you obtain the confidence of your patients, you get their attention removed from the affected part and you break up the habit. You cannot overestimate the importance of the emotional elements in these cases; but if you are content with removing this alone, you are merely the most superficial empiric.

Certain rules must be laid down as to diet, which must be of as nutritious and easily digested a character as possible. The food must be given in small quantities, and what is most important, at frequent intervals. The addition of Reed and Carnrick's peptonoids will be found to be of great value, while for medicinal treatment the antispasmodics

are used with most gratifying results. I usually prescribe a triple combination of the valerianates in pill."

R Zinci valerian.

Quinina valerian.

Stanni valerian.....35 gr. j.

Fiat pil. Signa.—One pill to be taken three times a day, after meals.

**OPIUM IN GYNÆCOLOGICAL OPERATIONS.**—I used to be a great advocate for giving opium in all my operations. Now I never give it except in cases of dilatation of the cervix. The patient suffers so much after the effects of the ether have passed off, that I always give an opium suppository just before the operation, with instructions to have it repeated two hours later, if necessary.

—Goodell.

**ABSCESS OF RIGHT OVARY. REMOVAL. RECOVERY.**—Goodell exhibited a patient aged 22, unmarried, from whom he had removed the left ovary three weeks previously. The possibility of gonorrhœal infection was excluded, and the disease was supposed to have been a sequela of one of the exanthemata of childhood—measles or scarlatina—which had been latent for years. The most perfect union of the incision had occurred, and there was not a bad symptom at any time after the operation. The right ovary could not be found, except as a small nodule in the broad ligament, bound up in a pyogenic membrane. Goodell considered this case could not have been treated by internal medication, massage or electricity; but said, "it is the burning question of the hour whether these abscesses may not effect self cure by the pus becoming inspissated."

**DOES SPAYING UNSEX A WOMAN.**—Goodell, in a recent clinic, said: "As far as I am aware there is no case on record of the ovaries having been removed before puberty. When they are congenitally absent the woman continues juvenile in her manners and disposition. There is no development of hair on the pubes, the breasts do not enlarge, and the pelvis remains that of a child. After puberty, if the operation has been performed for the relief of ovarian disease, the patient at once improves in health and general appearance. Her sexual appetite, which had been in abeyance owing to the pain at

tendant on the act, is greatly increased. The breasts become full and do not wither, as was supposed. After a time the sexual desire declines, and is finally lost, as in the menopause, which I believe to be an analogous condition. It is absurd to think—though the idea is very prevalent among the laity—that a woman whose ovaries have been removed becomes a man in her instincts and inclinations and appearance—that hair grows on her face and that her voice becomes deep; that she loses all affection for her husband and for her children. A medical man was sued a couple of years ago by the husband of a woman from whom he removed the ovaries, on the plea that the operation had alienated her affections from him and from his children; but I believe the case to have had no foundation whatever."

**DRAINAGE TUBES IN ABDOMINAL SURGERY.**—"The rule about drainage tubes is that they should be left in the wound as long as there is the slightest trace of blood in the discharge. When it becomes serous they should be removed, as they are liable to cause irritation, and delay convalescence. A point worth remembering is to turn the drainage tube round every day. This prevents adventitious growths from extending through the holes, and thus making the tube difficult of extraction."

—Goodell.

**EFFECTS OF COLD UPON THE CIRCULATION.**—On placing a hot poultice upon the stomach of a cat, we see a dilatation of the vessels in the tracheal mucous membrane. This is much redder than it was. Many vessels are seen where none were visible before. When I replace the hot poultices by iced cloths you notice a sudden blanching of the membrane. In less than half a minute it will be everywhere deadly pale. But the vascular spasm which causes this sudden anemia is not permanent. After one to two minutes it gives place to a gradual vascular dilatation. The normal hue returns first, white above the cartilages, pale rose-red in the intervals; soon the color becomes rose red above the cartilages themselves, then everywhere bluish-red, the color of

venous congestion, that shows the blood tarrying in the part until almost all its oxygen has been taken from it by the tissues.

By this experiment, we learn that cold makes powerfully for good in the first stages of acute inflammation, diminishing the congestion, stopping a supply of fuel on the way to the fire. We learn further, that cold, injudiciously used, makes just as strongly for evil; that cold applied too long causes venous stasis, the condition most favorable to the progress of the inflammation, most helpful to those morbid changes in the endothelium that disturb the "vital equilibrium which exists between the intra-vascular blood and the extra-vascular tissue," and which, according to the Listerian school, constitutes the essential lesion of inflammation.

Nowhere has cold been more carelessly employed than in diseases of the upper part of the respiratory tract. Nowhere does congestion play a more important part in the causation of acute inflammation than in the pharynx, larynx and trachea.

The duration of each cold application should be short, and they should be frequently repeated.

W. T. PORTER, in *St. Louis Courier of Medicine*.

**ANTIPYRINE IN POLYURIA.**—DR. HERFORD said he had been affected for some time with diabetes insipidus, and had been unable to find anything which would control the excessive secretion of urine until last August; when, suffering much pain from a carbuncle, he took ten grains of antipyrine for its analgesic effect. It not only quieted the pain, but checked the polyuria. That this was not an accidental arrest of secretion on the part of the kidneys has been conclusively proven by the fact that since the first of August he has taken six grains every four hours, and the polyuria is completely under control. No bad effects have been noted under this continuous administration during two months.

—*Kansas City Medical Index*.

DANIEL, of Texas, recommends chrysophanic acid in flexile collodion as very effective in ringworm.



PHILADELPHIA  
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 1, 1888.

EDITORIAL.

IN our last number we put before our readers the arguments, *pro* and *con*, for the proposed bill establishing a Board of Examiners and Licensers. The subject is the most important one ever brought before the Pennsylvania profession. We hope it will receive due consideration, and that the true sentiment of the profession will be manifested. We shall devote as much space as we can spare to this subject, endeavoring to give men of all shades of opinion an equal opportunity to present their views. For our own part, we are frankly in favor of the bill, believing that its tendency will be to elevate the standard of medicine in our State, and to restore the prestige of the Philadelphia schools, objects which are near to our heart. We can claim over the majority of our readers the advantage of occupying a position which enables us to realize how badly the professional standard needs elevating.

It is true, as Professor Forbes intimated, that fitting a student for passing an examination is not strictly synonymous with fitting him for the practice of medicine; but an examination properly conducted should disclose the *unfitness* of a candidate. If he be grossly ignorant of the essentials of medicine, he is unfit to practice.

Much will undoubtedly depend on the individual examiners; and this is where we believe the bill is at fault. Many excellent practitioners would make poor examiners, being rusty on much that they have not been called upon to put in practice; perhaps not

well up in the teachings of the present, and apt to expect from newly-fledged graduates the same standard in practical matters which they themselves have only attained after many years of active professional work. For these reasons we think the proposed Board should contain a member of each Faculty of Medicine in the State. This would furnish a nucleus of experienced examiners, while it prevented all favoritism for any particular school. It would also obviate the objections against the bill which were made by the Juniata Valley Medical Society, which looked upon the act in its present form as casting an undeserved reflection upon the State medical schools. Still, we are not of those who expect the "eleven obstinate men" on the jury to adopt their views; and we would rather have the bill pass in its present form than have none. Give us an impartial Board, free from wire-pullers, who seek to wrest the law to their own interests, and the school which fails to properly educate its students will go to the wall, as it ought.

ANNOTATIONS.

In these days of mind-cure, rest-cure, electricity cure, ovariectomy, and other forms of faith-cure, why does no one start a music-cure? The influence of music on disease is as undoubted as that of opium on pain. In many forms of nervous affections, in mental perturbations, the art which soothes the savage has proved a distinctly curative element in the treatment. In chorea, the influence of gymnastic exercises, aided by music, is of benefit. In the delirium of fever we have known the tender strains of Schubert's serenade, evoked from the piano by the hands of a master, soothe the patient until he dropped into a quiet sleep. The *Lancet* says: "By acting as a refreshing mental stimulant and restorative it braces the depressed nervous tone and indirectly that of the other tissues. Thus

there is something to be said for the old custom of exorcising pestilences by the sounds of music. Calmed and inspired by harmony, the tonic energies of will and nerve combined to oppose a wholesome bodily tone to the invading scourge, and to prevent that tissue laxity which has often provided the nidus of disease. A similar process is relied on by those who turn to music, among other diversions, for some relief from the pain of atonic neuralgia. In melancholia and allied states of depression its value is generally admitted in our own day."

#### YELLOW FEVER.

The Medico-Chirurgical Society of Havana has invited the British College of Physicians to send a medical commission to Havana to study the subject of yellow fever. The Society offer to furnish board and lodging and the free use of the Society's laboratory and material. The *Lancet* naturally considers this proposal as not overly generous, and suggests that some remuneration would not be wholly improper. Considering the very great probability that such an unacclimated person would contract the disease, and its deadly character with beef-eating, brandy-drinking Englishmen, the compensation for such service should be large, and should include the promise of a pension to the investigator's family in case of his death.

But we may be permitted to doubt if such a commission is very likely to obtain any results whose utility would be commensurate with the expense and risk. We have seen that in the case of cholera, the English, French and German commissions, working singly, failed to obtain results in any degree approximate to harmony. Freire, Sternberg and Gibier have in turn investigated yellow fever, and each has captured a little beast to which he has affixed a tag bearing his own name; though our countryman has not as yet claimed for his own discovery the malefic glory of causing the disease. If the English send out a commission, there will simply be a fourth side to the controversy. If these savants were to pursue their investigations together, and, if that were possible, harmoniously, we might hope for some results of value. But

nowhere do selfishness and intolerance hold such sway as they do with scientists.

#### TYPHOID FEVER TREATED BY CALOMEL HYPODERMICALLY.

In the *Therapeutic Gazette* appears a paper by Dr. J. C. Wilson, which details five cases of typhoid fever which were treated by hypodermic injections of calomel, one to two grains every four or five days. The author states that on several occasions the injections were followed by distinct and permanent lowering of the temperature range.

In the chart first given, each injection appears to have been followed by a distinct increase of fever on the following day. In the other chart, the course is almost typical of a typhoid during the last week, except in one instance when the temperature rose  $1.6^{\circ}$  after an injection. One of the cases ran a course of ninety days, with hemorrhages, and a temperature over  $104^{\circ}$ . Nothing in the history indicates that the medication had any beneficial influence on the disease; though the author came to a different conclusion.

#### MERCURY HYPODERMICALLY.

VOLLERT recommends for this purpose the succinamide of mercury. It is prepared from anhydrous succinic acid, treated by dry ammonia and combined with the oxide of mercury. The resulting salt is soluble in water, and comparatively non-irritant. It does not precipitate albumen. Vollert used it in one per cent. solution, or less.

We have used calomel suspended in vaseline oil, with so little irritation that we scarcely think it necessary to procure these new salts, which rarely bear out the recommendations given them.

The *Therapeutic Gazette*, editorially, says that one-third of the matriculates of the University of Pennsylvania fail to get their degree; and adds its conviction that at least twenty per cent. go through who ought to be rejected. We do not understand that this means that thirty-three per cent. of the candidates are rejected, however, as many matriculates fail to finish their course, or go to other colleges.

#### CONDURANGO REDIVIVUS.

It is now said that condurango stimulates the development of connective tissue and the disintegration of the

cellular elements of cancer. If this be true, what becomes of Braithwaite's theory of cancer as due to disproportionate vigor of the connective tissue cells? This would make condurango a homœopathic remedy. Ewald says that this drug benefits all true catarrhal conditions of the stomach, which is probably the extent of its action.

Dr. John B. Hamilton has resigned the Surgeon Generalship of the Marine Hospital service, and has been elected Editor-in-chief of the *Journal of the American Medical Association*. The venerable N. S. Davis retires, full of honors, with the well-merited respect of the whole medical profession. Under the direction of Dr. Hamilton, we may expect to see the journal put on new vigor. The Trustees are to be congratulated at their success in securing an editor whose executive ability has been so well demonstrated.

*The Maritime Medical News* is the title of a new comer in our field, published in Halifax, Nova Scotia. When we visited that quaint old city last July, there seemed to be quite a feeling in favor of annexation. It may be long, however, before such a change takes place; but when it does, our people will wake up to the fact that Halifax is one of the most charming places on the continent for a summer trip. Meanwhile, we will with pleasure annex the *News* to our exchange list, and wish it all success.

## LONDON LETTER.

### "FREDERICK, THE NOBLE."

THE publication of Sir Morell Mackenzie's *Frederick, the Noble*, has caused a great and painful impression. It is said that the Empress Dowager Frederick is "greatly pleased with it;" if so, she must be almost alone in experiencing that sensation. The general public condemns the tone of the book in no measured terms; they do not know the provocation the English physician had; but that is largely Sir Morell Mackenzie's own fault, as he threatened legal proceedings against any publisher who issued the German pamphlet in England. A few copies of a very bad English translation, issued from the

Imperial press in Berlin, have found their way to this country; but they are not seen on the book-stalls, and comparatively few know the character of the abuse to which such men as Professors Bergmann and Gerhardt descended, to the great grief of the profession of which they had been regarded as ornaments, and to which they ought to have set an example of good manners.

Sir Morell Mackenzie has committed the mistake of not only following their bad example, but has even exceeded them in violence of language and recklessness of statement. It is understood that the book has been commercially a great success for the publishers, over 100,000 copies having been sold. The anticipatory review published on the Friday by the *British Medical Journal*, and reprinted by the daily papers, whetted public curiosity, and the sales on Monday are stated to have been very large.

Within an hour of its being placed on the book-stalls, two well-known vendors in the city each sold 400 copies; the bookbinders could not bind fast enough, and it had a great run in the circulating libraries. I happened to be in the central office of Mudie's circulating library on that morning, a few hours before the book was delivered, and nearly every person who entered seemed to enquire for "Mackenzie's book." Mudie's first order, it is said, was for over one thousand copies.

### MR. PROTHERO'S ARTICLE.

The controversy has been continued, or perhaps I ought to say reawakened, by an article in the *Nineteenth Century* for November, entitled "Frederick, the Third, and the New Germany." It is written by Mr. R. E. Prothero, who, from his position about the court of the Crown Prince and Emperor Frederick, has had unusual opportunities of obtaining correct information. The article contains certain statements which bear out in a most remarkable manner Sir Morell Mackenzie's presentment of the case.

"It is legitimate," he writes, "to regret that Sir Morell Mackenzie has descended too far toward the level of his antagonists; it is also fair to remember that he was not the first assailant, and that he was forced to reply in order,

to vindicate to the world the unshaken confidence which he enjoys of those who could best measure and appreciate his skill." He pays a fine tribute to the character of Frederick III: "Vigor of mind and firmness of will triumphed to the last over bodily decay."

Mr. Prothero repeats categorically the statement that the real nature of the operation proposed by Professors Gerhardt and Bergmann in May, 1887, was concealed from the Crown Prince; he gives an account of the alleged creation of a false passage by Prof. Bergmann on April 12th. The incident was thus described to him by "an eyewitness, who was not one of the principals in the struggle." Sir Morell Mackenzie, having decided that the cannula ought to be changed, sent for Von Bergmann as a matter of courtesy.

"The Professor arrived in a state of great excitement. Striding across the room, and ignoring the English doctors, who wished to explain the object for which his presence was required, he made his way to the table on which the tubes were placed. Among them was a German tube, modified, indeed, after the experience of February; but still with sharp edges, and the shape of a cheese-scoop. Seizing this instrument, and placing his two thumbs on the shield, he endeavored to force it away from his body into the patient's wind-pipe. Unable to find the well-worn passage with the instrument, he thrust his finger into the orifice and tried again. The blood spurted out; the Emperor was choking. \* \* \* \*

"The strength which the Professor employed forced the tube, not into the wind-pipe, but into the tissues of the neck in front. At length, sinking back into a squatting posture upon his heels, he asked that Bramann should be summoned. The assistant came, and, while the Professor held open the sides of the incision, slipped the cannula into its place. Upon these surgical laurels Von Bergmann practically retired; but his excited violence left a deep impression on the Emperor's mind. \* \* \* "

Two facts, not without their significance, have recently been reported: one is that Professors Virchow and Waldeyer have applied for leave to amend their report of the necropsy, and have

been refused; the other is that the first thing which the present Emperor did on getting home from his tour (Mackenzie's book having been published during his absence) was to ask Professors Gerhardt and Von Bergmann to dinner.

#### THE COMMENCEMENT OF THE WINTER SEASON.

The entries at the metropolitan medical schools do not show any "improvement" in numbers. The average for the last five years has been 641; this year there are 668; so that "the entry" is above the average. But the quinquennial includes some very lean years, the average of the preceding period of five years having been 676. The failure of the metropolitan schools to grow in numbers is attributed to the difficulty which undoubtedly exists in obtaining the degree of M.D. in London. The main cause, however, was the neglect of the school committees to make proper provision for instruction in chemistry, physics and physiology. It is a curious, but, to those who are acquainted with the ups and downs of the schools of medicine in London, a well-established fact, that, if by any chance the "practical men" who say that students don't want science, become dominant on the managing committee of a school, that school begins to decline in the number of students and in influence. Some of the school committees have recognized this, and have expended money and energy in developing science teaching. They have had, and are having their reward; but a golden opportunity has been let slip, and the medical school of the University of Cambridge has now outstripped all rivals. This is very fortunate for the medical profession and its future in the social life of the country.

#### ANTIFEBRIN.

Dr. Theodore Cash, F.R.S., the Professor of Therapeutics in the University of Aberdeen, speaks very warmly of antifebrin. He declares it to be "an antipyretic of the first order," and to be preferred to antipyrin, as an antipyretic, on the following grounds: (1) the smaller dose in which it is operative; (2) the steadier and more continued action; (3) its comparative freedom from



the danger of causing collapse; (4) it is much cheaper, as it is purchasable in the open market, whilst antipyrin is not so. The chief drawback, its comparative insolubility in water, "is readily overcome by prescribing it together with some pleasant tincture, as tinct. aurantii." He advocates the use of small doses, the effect produced on a pyrexial temperature being eight times as great as that produced on the normal temperature. As an antipyretic, it is four times as strong as antipyrine, the effect lasts longer, though nearly as rapidly produced, and collapse is almost unknown. It acts well in measles, and is especially useful in treating intercurrent pneumonia; it cuts down the evening exacerbations of typhoid fever, and has a favorable influence on the course of the case. It is particularly suitable for administration to children. In doses of gr. j to ij, three or four times a day, it is extremely useful in the pyrexia of phthisis, and may be taken by the most weak and emaciated patients with advantage. The only other important action of antifebrin seems to be on the cord. Reflex irritability is greatly reduced, and ultimately anæsthesia is produced; the irritability of the motor nerves and of the muscles themselves is also greatly diminished by large doses. One drawback to its use is that it diminishes the amount of oxy-hæmoglobin in the blood, and in time produces anemia; which, however, is said to be very amenable to treatment.

#### PROPHYLACTIC MEDICATION.

I gave some account of Professor Cash's experiments with regard to prophylactic medication at the time they were published. He returned to the subject in his address to the Section of Therapeutics, and expressed the opinion that corrosive sublimate still appeared to be the most hopeful drug for the purpose, the phenol compounds being probably too rapidly eliminated.

#### MR. LAWSON TAIT ON TUBAL PREGNANCY.

Mr. Lawson Tait is instant in recommending immediate laparotomy for ruptured tubal pregnancy. Speaking at the Gynæcological Society, the other day, he said that a diagnosis could be made in eight cases out of ten, and that in the other two cases also it was best to operate.

#### ONE THOUSAND ABDOMINAL SECTIONS.

Mr. Tait has communicated to the Birmingham and Midland Counties Branch of the British Medical Association the results of his second series of one thousand consecutive cases of abdominal section. In his first thousand the mortality was 9.2 per cent.; in his second thousand 5.3. In the first series the mortality of the ovarian and parovarian (cystic) cases was 8.1; in the second series 3.3. In his first series the operation was not completed in thirty cases, and fifteen patients died; in his second series the operation was not completed in six cases, and three patients died. Mr. Tait is a severe critic of other surgeons; he is as severe on himself. There are, he says, no cystic tumors of the abdomen which cannot be removed, and no solid, non-malignant tumors associated with any other abdominal organs than the liver and spleen which cannot likewise be removed. Applying this rule to himself, he says that if he could have screwed up his courage a little more he could have finished the operation in two, if not in all three of the cases which died. As Mr. Tait is so strong an advocate of exploratory operations it is important to note his mortality after these operations is not high—56 cases with 2 deaths; both deaths, he says, might fairly be eliminated, as the operation "neither delayed death nor accelerated it by a single hour." One of the fatal cases is apparently a case of ruptured tubal pregnancy, where the patient had been ineffectually treated for three months by a physician who had failed to make any diagnosis. Mr. Tait was very severe on this physician.

#### DR. LAWSON TAIT ON ELECTROLYSIS.

He was also severe on Dr. Apostoli. Altogether Dr. Tait seems to have had to do with 22 patients who were subjected at one time or another to the electrolytic treatment; 16 who came to him either for the first or second time after the electrolysis, were submitted to operation, and all recovered. Three others are considering the advisability of submitting to operation (hysterotomy, or removal of appendages), and three are dead. The only case in which

he has known Dr. Apostoli's treatment to do any good was an instance of sub-involution with chronic metritis, retroversion and catarrh of the endometrium. His treatment in Paris occupied five months, and cost a great deal of money; whereas Mr. Tait says that such cases are invariably cured by the simple process of dilating and curetting the uterine cavity, and applying Paquelin's cautery freely to the inside—an operation devoid of risk, almost painless and completed at a single sitting.

#### REMOVAL OF APPENDAGES.

In the second series of one thousand cases Mr. Tait records 263 operations for chronic inflammatory disease of the uterine appendages with a mortality of 3.4 per cent.; in his first series there were 201 cases with a mortality of 5 per cent.; this operation was completed in the second thousand in every case in which it was attempted. Mr. Tait referred to the discovery by Dr. Arthur Johnstone of Danville, Kentucky, whom he claims as a pupil, of a large nerve trunk which enters the cornua of the uterus in the angle between the round ligament and the tube; when this nerve is secured in the ligature close to the uterus, the results of the operation on menstruation are more speedily effected and more complete. In speaking of this operation also Mr. Tait again insists on the dangers of delay, the deaths he says have been almost confined to cases of broken down women, yet the mortality it may be observed is lower than in his whole series of cases, a fact which appears to require some explanation.

#### LAPAROTOMY IN SUPPURATIVE PERITONITIS.

Mr. Tait spoke of the treatment of suppurative peritonitis by abdominal section, washing out and drainage in terms of "unqualified satisfaction." He reports in this series 26 cases with 22 recoveries, against 9 cases with 7 recoveries in the first series; the mortality therefore had improved from 22.2 to 15.3 per cent. Here again he spoke strongly as to the advisability of early operation.

#### HYSTERECTOMY FOR PUERPERAL FEVER.

He has performed laparotomy for puerperal peritonitis four times with

only one recovery, but thinks he might have three successes if he had had the cases earlier. He believes that in severe cases of puerperal inflammatory mischief the chief trouble is in the womb itself, and makes the startling suggestion that the best treatment will turn out to be the removal of the organ in its inflamed condition.

#### AMPUTATION OF THE PREGNANT UTERUS.

We are not to speak any more of Porro's operation, but of "amputation of the pregnant uterus." Dr. Tait gives craniotomy two years more before it is supplanted by this, the easiest operation in abdominal surgery, and one which every country practitioner ought to be able and ready to perform. Dr. Tait has done it three times with three recoveries. This is how it is done: Make an incision through the middle line large enough to admit the hand; pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. Make a single hitch and draw it tight round the cervix so as to completely stop the circulation. The ends of the tube are kept well on the strain by an assistant so as to prevent the loose knot from slipping, the reason of this being that, should there be any bleeding and necessity for further constriction, this can be secured in a moment without undoing any knot, and the simplicity of this method greatly commends it. Then make a small opening in the uterus, and enlarge it by tearing with the two forefingers, seize the child by a foot and remove it. Remove the placenta, and by this time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made; the uterus is removed about

three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.

#### TREATMENT OF CANCRUM ORIS.

Dr. Suckling, of Birmingham, has recently reported a case of what he considered to be cancrum oris supervening on typhoid fever with purpura. The cheek was perforated so that the disease had reached a stage from which recovery is very rare; nitric acid was freely applied after the surface had been thoroughly swabbed with cocaine, a highly stimulant line of internal treatment was adopted and the patient, a girl, made a good recovery.

#### DR. LAUDER BRUNTON.

The mention of cocaine reminds me that, in a letter published in the *TIMES* I am made to state that Dr. Lauder-Brunton recommends the alkaloid in certain painful abdominal affections; the drug he uses is codeine. The acceptance of the Croonian Lectureship by this distinguished physician is a matter for congratulation. He is one of the most suggestive writers on what may perhaps be called the higher therapeutics, and the topic which he has chosen, "The connection between chemical constitution and physiological action in relation to the prevention, control, and cure of diseases," will give full, firm scope.

#### LARYNGEAL INTUBATION.

There seems to be at length some probability that the excellent work done in America with regard to intubation of the larynx in diphtheria may attract a due amount of attention in this country. The demonstration given by Dr. Waxham at the Glasgow meeting, and the publication of his paper, has aroused more interest than all that has been written and done before. Dr. Ridge, best known as an advocate of teetotalism, has suggested laryngeal intubation by a flexible tube introduced through the nose, and has reported one case where the dyspnoea was at once relieved by this method, though the patient ultimately succumbed.

#### "SWEATING."

The prolonged mild weather has had a very favorable effect on the bills of mortality. As the price of coal has risen already nearly twenty per cent., owing to the colliers' strike, a long spell of cold weather would bear very hardly on the poorer classes, who suffer from the competition of foreign labor in the trades which are liable to be "sweated." The fluctuations in the death-rate of London are mainly traceable to the varying rate of mortality among the children of the lower and of the unskilled "laborers," men, that is, who have no trade, a class which has been largely reinforced by the migration of agricultural laborers to towns, which, again, is traceable to the fall in the price of wheat. The death-rate in the well-to-do urban and suburban districts, where congregate the artisans who are (as is, of course, well known) better off than in any other country, except, possibly, some of the Australian colonies, is little affected by departures from the meteorological average.

The *Lancet* has recently exposed some very glaring sweating which has been allowed to grow up in Glasgow, and the citizens have been so shocked by the disclosures that a very strong movement is now on foot, at the head of which Dr. Cameron, M. P. for one of the divisions of Glasgow, has placed himself.

#### THE SACRIFICE OF EDUCATION TO EXAMINATION.

The *Nineteenth Century* for November contains a curious "signed protest" against "The Sacrifice of Education to Examinations." The dignitaries, who include some of the leading men in education, medicine, law, the church, and science, condemn the present system of competitive examination for appointments in the civil service, the army, and for prizes at the University. It is described as being physically, intellectually and morally bad (note the order). The difficulty is to find a substitute. Nobody is prepared to revert to the system of patronage pithily described by the famous exclamation of an American President—"To the victors the spoils."

DAWSON WILLIAMS.

## SOCIETY NOTES.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD NOVEMBER 7, 1888.

The special feature of the evening was the appearance of the gynecologically disposed members. Their coming was like a cool, bracing breeze from the north. Instead of the languid dulness usually manifested at these meetings, we had the spectacle of people who dared to differ with each other; who had sufficiently decided convictions to tell each other they were talking rubbish.

We were unfortunate in not reaching the hall in time to hear Dr. Meigs' paper on peritonitis.

*Dr. J. H. Musser* believed that idiopathic peritonitis is infrequent; most cases being secondary.

The treatment depends upon the cause, and is not always surgical. Appendicitis often subsides under medical treatment. The bowels should be opened early by the use of calomel or vegetable cathartics. If vomiting occurs early, calomel should be given in small doses every half hour. The first movement indicates the patient's safety. He uses opiates in small doses, say  $\frac{1}{16}$  grain of morphine, with atropine, hypodermically. The only reason for using opium is to relieve pain. He also advises local measures, and stimulates early to prevent collapse. Death is often due to the failure to recognize the disease early.

*Dr. H. A. Kelly* thought due care was not taken to separate the cases into groups, which require different management. Hemorrhagic peritonitis should not be treated by purgatives. In septic cases the cause determines the treatment. In systemic disease the question is most serious. For such varying conditions no absolute rule can be formulated. Non-septic peritonitis gives more trouble to women than all other affections combined; the cause is invariably local. Nature's methods of cure should be followed. Tympanites is one of these; the intra-abdominal pressure limiting the space for the accumulation of fluid, and allowing time for adhesions. Hence, we

should not interfere by giving purgatives, but give the bowels a rest; sometimes a laxative may be required after an operation, but this never cures a peritonitis once established. An enema of water suffices. The affection relieved by salines is not, in his view, a peritonitis, and is largely of our own making, being due to too much handling and washing of the peritoneum.

*Dr. M. Price* does not believe in the existence of idiopathic peritonitis. He thinks *Dr. Kelly's* numerous varieties resolve themselves into one, namely, inflammation from local irritants. Among these he gives a prominent place to too powerful antiseptics. He uses opium only in cases where all hope is lost, and the object is to render death easy and speedy. The so-called putting bowels in splints generally means putting the patient into a box. Thirty years ago *George B. Wood* advised the use of purgatives. *Tait* has reintroduced this treatment. Pus in the peritoneal cavity is an indication for surgery rather than for salts. Tympanites does not relieve; it kills. It may kill without causing inflammation. If there are indications of coming peritonitis, we open the abdomen and drown the suppurative bacilli in hot water, at the same time giving an enema of salts (six to eight ounces) and turpentine. With this treatment he has never lost a curable case.

*Dr. J. B. Roberts* objects to opium in operations in general; he believes it is given too often. He was doubtful as to the proper treatment to be followed.

*Dr. J. Price* said that distension is often fatal. He is glad to hear that it impedes the locomotion of germs: he has learned something to-night. He thinks opium is required, with douching and draining, in septic cases.

*Dr. Hoffman* does not look on opium as a bugaboo; it is sometimes useful. He believes intra-abdominal fluids leave behind inflammations for future operations.

*Dr. Musser* refers recurring peritonitis to the surgeon.

*Dr. Tyson* looks on the saline treatment as rational. Idiopathic cases are exceedingly rare. Pathologically, peritonitis cannot be compared to external inflammation.



Dr. Stewart mentioned a case in which recovery ensued under the opium treatment.

Dr. Baldy could not conceive of a peritonitis with a bland effusion. Small doses of opium will not relieve pain. Salines give relief, the pain subsiding when the bowels move. He never saw an idiopathic case. Opium and salines cannot be combined in the same case. Salines should be given in concentrated solution to deplete the mucous membrane. Opium masks the symptoms and is only useful in producing euthanasia.

Several other speakers claimed that idiopathic peritonitis really occurs, one having himself recovered from it.

### LETTERS TO THE EDITOR.

*It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.*

### INSANE ASYLUMS.

Editor MEDICAL TIMES:

In the letter of Dr. Hiram Corson, in the number of your journal for November 1, 1888, there are so many insinuations of violations of law and intimations of wrong-doing, that I feel it my duty to depart from my usual practice of not noticing such statements and give a few plain facts. The superintendents of the hospitals at Harrisburg and Danville can answer for themselves.

The first statement is this: "Were there never any deaths in these hospitals under circumstances which in private life would have called for the coroner? Certainly! certainly! Was there ever a coroner's inquest held in the Harrisburg Hospital during its nearly forty years of existence? Eight years ago I was informed by the superintendent (in answer to my inquiry) that there never had been a single one."

Having been the superintendent of that hospital for thirty years (1851-1881), I state positively that it was always the practice to call in the coroner in cases of sudden deaths, until one of the trustees, a lawyer, told me that the Supreme Court had decided that where the cause of death was known, it was not necessary to call in the coroner. Even after that, in a number of cases where any ground of suspicion might arise, the coroner was sent for.

Then, as to the statement in regard to maltreatment of the patients, the insinuation is more than misleading, as it states that wrong-doing was concealed, when really all cases are carefully investigated, and any violations of the rules punished by the discharge of the offender, and reported to the Committee. Another positive misstatement is this: "There is no secrecy like that existing in the other hospitals, where superintendents have it all their own way; and where even the trustees are neither consulted as to what should be done, nor informed of what has happened." Every trustee who attends to his duties knows that such a statement is lacking in one very essential element.

It has always been the rule of my life, very strictly adhered to, to make a regular visit to the wards every morning and learn the exact condition of all the patients under my care, and, after that was done, attend to any other matters requiring attention, or which were enjoined by the by-laws of the hospital.

Thirty years ago, one of the trustees of the hospital at Harrisburg made this statement to me: "The Governor had been told that everything in the hospital was mismanaged and a variety of charges were made against it. He appointed me trustee to investigate those charges and learn their correctness. I have now been a trustee for some time. I have visited the hospital at frequent intervals, have asked all kinds of questions, have looked into everything where I thought there could be anything wrong, and now I say to you that I have found everything in proper order and no ground for the charges made. From this day I am your friend, and if I see anything wrong,

I will tell you to your face and not go behind your back to tell what I have heard or seen." He continued a steadfast friend to the day of his death. The by-laws of that hospital require that two of the resident trustees shall visit the hospital regularly every week. For years no visits were made by them between the regular quarterly meetings, and when urging one of them to visit the hospital, he said, 'We know that everything is in good order, and therefore we need not go out.'

Another matter on which Dr. Corson lays so much stress as to persuade himself and some others that he is correct—namely, that the superintendent attends to all the details of the farm and the purchase of supplies—a more careful attention to his duties, when trustee, would have proved to him that he was entirely wrong in the way he states it and in the fact itself.

To be a trustee in name is one thing; to be a trustee in fact is another thing. Those who are trustees in name are often not reappointed, for the very reason they are not trustees in fact.

The greater part of supplies is procured by contracts which are let by the trustees, and the other details of purchases are made by the steward, and the details of the work on the farm are attended to by the steward and the farmer.

All the duties required of the superintendent in these respects do not occupy, on an average, two hours in the day; and any one who will say that that amount of diversion of mind from the strain of medical work in a large hospital is too much, has yet to learn the first principles of mental hygiene.

The superintendent of a large hospital for the insane, who will conscientiously perform his duties in directing the medical, moral, and hygienic treatment of his patients, has no time to give to social duties calling him away from the hospital, and he must have some variation in the work he is called to perform, or he will soon lose the ability to perform those medical duties in such a manner as to give satisfaction to the large class in the community who demand that he shall do all that science and art can suggest for those placed under his charge.

Warren, Pa.

JOHN CURWEN.

## IS HOMŒOPATHY QUACKERY?

Editor MEDICAL TIMES:

In an editorial in the *Medical and Surgical Reporter* of October 6, the editor refers so solemnly, and with such profound deference, to the recent meeting of the so-called Homœopathic Medical Society, that the lay reader might be led to suppose that the editor was discussing the proceedings of a body of learned and scientific medical men, instead of a gathering of quacks who affect to repudiate science and to despise the methods of the scientific.

The editor well knows that those who call themselves homœopaths simply use that name to impress the public with the belief that they have some useful means or method that is not possessed by the honorable physician. He also knows that this is the method of the quack, and that they use the name homœopath as a trade-mark for trade purposes simply and entirely; that they care as little for the tenets or vagaries of Hahnemann as they do for science or honor. And yet this editor writes of them and their doings as if they were wayward or unruly boys, or perhaps semi-idiot, or as if he desired to be considered this latter himself. The goody-goody is rather piled on when an editor of what is usually esteemed a medical journal in good standing and repute speaks editorially of self-proclaimed quacks as "fellow-practitioners."

The editor of a reputable medical journal who avows fellowship with quacks is making a very long stride in the direction of traitor to the cause he and his journal are expected to represent. He deplores the "acrimony" with which these quacks have been spoken of, and he may think we are speaking with considerable asperity of himself; but those who own fellowship with quacks must expect to be referred to accordingly, and our County Medical Society has somewhat recently afforded example of the "acrimony" of treatment that quacks are often subjected to.

The specimen of quack that our editorial friend refers to as a fellow-practitioner is a quack in every sense that those are who are prosecuted by the

County Society, and to promulgate fellowship with these is, to put it mildly, grossly disrespectful to the profession proper.

The editor refers to the mental attitude of what are known as "advanced" homœopaths as a gratifying frame of mind simply because they claim to discard the so-called methods of practice, but still retain the name. These, according to our idea, are "advanced" to the practice of fraud in addition to that of pretender.

But when the editor speaks of this gathering of quacks and their proceedings as being so like the meeting of the "regular profession as to be almost undistinguishable," we fear he had not in mind the array of statistics that were produced, and which are generally a conspicuous feature at these assemblages. To produce something stunning we only need quack doctors to be let loose on statistics. They can show by undeniable statistics that five days instead of seven make one week, and they can prove that nine days will do the same. Their hospital statistics show that, of incurables, nine-sevenths are perfectly cured, and the remainder would have been cured if they had come in time. In fact, the statistics alone were sufficient to render the proceedings referred to very readily distinguishable from those of a meeting of any other than quacks. Our editorial friend is no doubt humane and very charitable, and his feelings may be very much exercised by the acrimony that may have occasionally been displayed in speaking of these quacks; but might it not be well to bestow some thought upon their dupes. Does he not realize that those who apply to the "advanced" fellow practitioner for homœopathy may get only what his less "advanced friend calls crude allopathy."

We fear our editor has not given the subject sufficient thought, or he would not use the terms "intelligent and conscientious" on the same occasion, scarcely on the same day, that he was speaking of his homœopathic fellow-practitioners, not even of the most "advanced" type. If he really believes, as he says, that many of those who call themselves homœopaths are actuated by the same motives, and

governed by the same principles as actuate and govern those from whom they stand apart, we hope he may give us another editorial in elucidation of the novel conception. We think his readers have not yet quite "caught his idea."  
S. UPDEGROVE.

#### Editor *MEDICAL TIMES*:

I would like diagnosis of and treatment for the following case:

*History*—Mrs. Sarah A., age 59 years, childless widow, was taken sick September, 1887, with extreme pain in pit of stomach, extending into both hypochondriac regions; at times anterior and posterior pains only; tongue slightly coated; bowels constipated, partly due to opium taken in as large doses as one gives; pain not constant, but occurs in paroxysms, always increased by motion; had one spell of sick stomach and vomiting during the past summer; appetite has been fairly good, but effort to feed herself brings on pain; no history of marked febrile action; after discontinuing the opium, bowels became regular, although they remained distended with gas; desire to pass flatus, which relieved somewhat; no eructations of acid character or otherwise. This is the history of the case to the present time.

Her present condition is as follows: Pain as before, with bowels distended; appetite good; tongue coated lightly, of a yellowish color; one movement of the bowels each day; lies down most of the time, as pain is increased by sitting up or moving; must lay with head high; countenance expressive of mental and physical suffering; body fairly well-nourished; no cancerous cachexia present; urine normal in appearance, although I have not made an analysis; quantity about as in health; food does not increase pain.

*Examination*—Heart-sounds normal; temperature, 99° F.; deep pressure in epigastric region causes pain; superficial pressure does not; no enlargement can be detected; bowels tympanitic, but not sore; stools at times are slimy; respiration normal.

Now what is the matter with this patient? Her case has been diagnosed everything, from worms to rheumatism.

C. S.

## REVIEWS AND BOOK NOTICES.

**THE EAR AND ITS DISEASES, BEING PRACTICAL CONTRIBUTIONS TO THE STUDY OF OTOTOLOGY**, by Samuel Sexton, M.D. Edited by CRISTOPHER J. COLLES, M.D. Octavo, 473 pages. Numerous illustrations. Extra muslin, \$4.00. New York: William Wood & Company.

A general glance at the volume before us is one of pleasure as to the printing, paper and illustrations. This is the third large work on diseases of the ear recently issued by this enterprising firm within a few years; showing there must still be a demand for this class of medical literature, for another volume to be published so soon after Roosa's. This is the second work by the author, the first being a very brief brochure, issued by a Chicago firm, at a very moderate price. The work before us is much more pretentious, and has been issued with a great deal of advertising, not only in newspapers, journals, and medical lectures, but also by the authors being described as having made a great discovery for the cure of deafness, and a new method of treatment for certain affections of the ear; namely, the excision of the drum-head and ossicles in chronic purulent disease, and chronic catarrh of the ear.

In a paper read before the section of otology at the International Medical Congress in London, 1881, Lucae mentions the fact that he has performed excision of the drum-head with the malleus, in twenty-five cases, in none of which had any deterioration of the hearing taken place. Schwartz, later, gives the histories of six cases operated by him, which were satisfactory.

In 1885, Lucae published a full report of fifty-three operations in forty-seven persons. Stache (Erfurt), recently (1885), reported ten cases of removal of the malleus for chronic purulency of the middle ear.

Great stress is laid upon the subject of the irritation of the teeth as a cause of deafness. Experience in the treatment of deafness will rarely show diseased teeth to be a cause of deafness, except in a few instances of pressure from the wisdom tooth. Sea air and

bathing with care improve many forms of deafness, and only careless diving in very cold water now and then in delicate persons will produce a few cases of ear disease. It is more the effect of cold air after coming out of the water, and exposure during a north-east wind. It is found that children in the tropics will be seen swimming and diving under the keel of vessels, with no after-indications of deafness. The chief form of deafness from water in the ear is due to softening of cerumen and pressure on the membrana tympani, which is readily removed by syringing.

In reading over the work carefully we have been disappointed in its contents as a whole, and it has given us the impression of a desire for originality without giving due credit to workers in the same field.

Much space is taken up with gun-shot wounds of the ears of eight men who were standing near a shell when it exploded. In six of these men, the drum-head was ruptured. His tentative treatment is very applicable, as these cases usually recover without treatment.

In the diagnosis of the most important part—namely, the labyrinth—the most recent and best methods which are employed have not been given.

In conclusion, the following subjects introduced in the work are worthy of notice: Anomalies of audition, and the effects of false hearing on singers, actors, lecturers, and musicians.

**THE DISPENSATORY OF THE UNITED STATES.** Sixteenth Edition, re-arranged, thoroughly revised and largely rewritten. With illustrations. By H. C. WOOD, JOSEPH F. REMINGTON, and SAMUEL P. SADTLER Philadelphia: J. B. Lippincott & Co., 1888. Cloth, pp. 2091. Price \$7.00.

The editors inform us that "the extraordinary activity in practical and theoretical research in the sciences which bear upon the Dispensatory subjects has produced so much fruit since the last revision, that over six hundred pages of new matter have been incorporated in this edition; but, by a very thorough elision of that which was effete, the editors have been able to restrain the net increase in the number of pages to 167."



The revision appears to have been in some respects conducted on peculiar principles. The elision of very much more effete matter could have been made than some which has been sacrificed. A work of this kind differs from one on Therapeutics in that the Dispensatory is not the record of any one man's experiences or beliefs; but a compend of those of the profession in general. Bearing this in mind, it is a pity that this work was not confided to one less decided in his beliefs and disbeliefs than H. C. Wood. The remarks upon the uses of coca cannot surely be accepted as the verdict of the profession upon this drug. The remarkable control exerted over erysipelas by pilocarpus ought not to be unknown to the editors. The antiseptic treatment of typhoid fever, by carbolic acid, resorcin, salicylic acid, or the sulpho-carbates, could scarcely have been overlooked by any one else. When it is stated that Merck pronounces hydro-naphthol to be identical with beta-naphthol, a judicial spirit would have prompted the additional information that others deny this flatly, and stand ready to prove that Merck is mistaken. The brief note on the oleates by no means represents the estimation in which these agents are held by the profession; while the total omission of the one who, more than any one else, has popularized these preparations, reminds one of the play of "Hamlet, with Hamlet left out."

In the rules for dosage, we regret that the authors have not filled "a long-felt want," by giving some guide to the administration of drugs to infants under one year of age. For instance, what is the dose for a babe five months old?

No mention is made of the valuable action of phytolacca in glandular inflammations, such as mastitis. In fact, one is driven to the conclusion that what the editors do not know of therapeutics would fill a larger book than the one before us.

So far we have considered the faults of the book, as is our duty. But in other respects there is much to praise in this edition. Much useless and obsolete rubbish has been removed. The physiological action of remedies has been demonstrated as never before.

The newer additions to the drug-list have been included, even to sulphonal. The inclusion of the National Formulary was a judicious measure. The scientific character of the work is distinctly improved, though at the expense of perspicuity. We believe that educated physicians and pharmacists will prize this book highly; but they will not wisely part with their old editions while making a place for this one.

It is a pleasure to see how substantially a volume of this size can be put together, and how well the publishers have done their part of the work.

#### TREATISE ON THE DISEASES OF WOMEN.

By ALEXANDER J. C. SKENE, M. D.

With 251 engravings and 9 chromolithographs. New York, D. Appleton & Co., 1888, pp. 966, 8vo.

Dr. Skene is to be commended for two reasons: he has not given us another of the endless repetitions of historical and controversial matters, with which we are already fully supplied; and he has utilized his space by citing numerous cases from his own practice. The illustrations are very good, especially the lithographs. The engraving No. 6 is one of the few which may be excepted from the above commendation. Those illustrating the misuse of pessaries should be found in every book on gynecology.

The work shows itself to be what the author states, the result of many years' earnest work; and we commend it to our readers.

A TEXT-BOOK OF PHYSIOLOGY. BY M. FOSTER. WITH ILLUSTRATIONS. Fifth Edition, largely revised. Part I, comprising Book I. Blood. The Tissues of Movement. The Vascular Mechanism. London: Macmillan & Co., 1888; pp. 352. Cloth, price, \$2.60.

HYGIENE OF THE NURSERY. BY LOUIS STARR, M.D. WITH 21 ILLUSTRATIONS. Philadelphia: P. Blakiston, Son & Co., 1888. Cloth, pp. 212, 8vo. Price, \$1.50.

The thanks of the busy practitioner are due to Dr. Starr for this useful little book, which, we hope, will find its way into the hands of many a young mother. The directions concerning

clothing, etc., are very good. In regard to feeding, the same can be said of the directions in general, though our own experience leads us to contrary conclusions in regard to the infant foods. The Fairchild process requires more care and intelligence in its use than Reed & Carnrick's Food, and the product is not so uniform. Clinical experience proves the value of Mellin's Food; while malt extract sometimes succeeds where all the others fail. The universally suitable food has not yet been discovered, nor will it ever be; and all that the careful observer can do is to indicate those foods which he finds most generally applicable.

Dr. Starr wisely calls attention to the importance of the artificial digestants. Frequently we have found that the difficulty lay in the inability of children to digest any form of food; and the use of a little pepsin wine or lactopeptine solved the difficulty at once.

**CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM.** By Prof. J. M. Charcot. Translated by E. P. Hurd, M.D., 1888. George S. Davis, Detroit, Michigan. Pp. 155. Cloth, 50 cents; paper, 25c.

This is one of the Leisure Library series. It contains eight lectures by the greatest living neurologist, and will be received with interest. Again we must commend the enterprise of the publisher, who supplies works of such value to the profession for a nominal sum.

**THE PHYSICIAN'S POCKET DAY-BOOK.** Designed by C. HENRI LEONARD, A. M., M.D. Size,  $7\frac{1}{2}$  inches long,  $3\frac{1}{2}$  inches wide, and  $\frac{3}{8}$  of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price, \$1.00, postpaid. The *Illustrated Medical Journal Co.*, Publishers, Detroit, 1888.

This issue contains several new features. Besides daily charges for thirteen months for fifty families, and other usual pages, it has a list of doses of old and new drugs; poisons and antidotes, tests for urinary deposits, obstetric calendar, disinfectants, tables of weights and measures, table of eruptive fevers, and drops in a drachm of fluid medicines.

**THE EFFICACY OF COCA ERYTHROXYLON.** Notes and Comments by prominent physicians. Second edition. Published by MARIANI & Co., Paris and New York.

The evident popularity of the Mariani preparations is shown by the array of distinguished names it contains, of men who have a good word to say for Vin Mariani, etc.

**SOME REMARKS ON THE USE OF FELLOWS' HYPOPHOSPHITES IN CONVALESCENCE.** Part VII. JAS. I. FELLOWS, New York, 48 Vesey street.

**MEDICAL COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY.** Vol. XIV. No. 2. 1888.

### PAMPHLETS.

**PENNA. STATE COLLEGE AGRICULTURAL EXPERIMENT STATION.** Bulletin No. 5. The Digestibility of Soiling Rye.

**CATARACT EXTRACTIONS, WITH ONLY THE EYE OPERATED UPON CLOSED BY ADHESIVE STRIPS.** The other eye left open for the guidance of the patient. By JULIAN J. CHISHOLM, M.D. Reprinted from the *Journal of the American Medical Association*, November 3, 1888.

**CONSEQUENCES OF ACUTE SUPPURATION OF THE MIDDLE EAR, WITH SPECIAL REFERENCE TO OPENING THE MASTOID.** By A. R. BAKER, M.D., Cleveland, Ohio.

**THE PREFERABLE CLIMATE FOR PHTHISIS; OR, THE COMPARATIVE IMPORTANCE OF DIFFERENT CLIMATIC ATTRIBUTES IN THE ARREST OF CHRONIC PULMONARY DISEASES.** By CHARLES DENISON, A. M., M. D. Reprinted from the "Transactions of the Ninth International Medical Congress," Vol. V.

**SHOULD NOT THE NATIONAL GOVERNMENT DEFEND OUR PORTS AGAINST THE NATIONAL ENEMY, CONTAGIOUS DISEASE?** By BENJAMIN LEE, A. M., M.D., Ph.D., of Philadelphia, Pa., Secretary of the State Board of Health of Pennsylvania. Reprinted from the *Journal of the American Medical Association*, October 6, 1888.

## ABSTRACTS.

## LEPROSY.

Sei-I-Kwai says that a Japanese physician, Dr. Arai Saku, has discovered a remedy for leprosy. He has been invited by the Sandwich Islands and the Indian Governments to go to their assistance; but has refused, believing it to be his first duty to extirpate leprosy from his native country. He has, however, sent pupils fully instructed in his method to each of these countries. It is said that there are 130,000 lepers in India.

Although our contemporary gives this on the high authority of the *Nichi Nichi Shinbun*, we remain rather sceptical. It reads too much like a specialist's interview.

FORMULA FOR OIL CHENOPODII.—MEYERS, in the *Amer. Journ. of Pharmacy*, recommends the following as a good formula:

Celery seed.....	3ij
Purified ext. licorice.....	3j
Powdered gum acacia.....	3v
Oil of chenopodium.....	3ss
Expressed oil of almonds.....	3iv
Sugar.....	3iv
Water.....	q. s. ad. 3iv

Mix the seed with the extract, and reduce to fine powder; triturate with sufficient water to form a thin liquid, and strain with expression. Emulsify the oils in a dry mortar, with the acacia and sugar, using a little water if the paste becomes too thick. Add the strained liquid and form an emulsion; adding water to make up to 4 ounces.

TREATMENT OF TUBERCULAR LARYNGITIS.—The nares and throat were sprayed with an alkaline spray, using Dobell's solution every day, and following the same up by spraying the throat with zinc sulph., gr. ij to aq. 3j; on alternate days insufflation to the larynx of a finely triturated powder containing iodoform, tannin and bismuth subnit. Internally, syr. ferri iodid., syr. hypophosphites, Fellows', and free out-door exercise. A continuance of this treatment was carried out for three months, when the patient increased in weight, the cough and hemorrhage had ceased, and I discharged the case as well.—*D. Emmet Welsh.*

STROPHANTHUS IN BASEDOW'S DISEASE.—BROWER has used strophanthus in three cases of exophthalmic goitre, and says they got well. He gave two drops of the tincture every six hours.

—*Journ. Am. Med. Assoc.*

REPRESSION OF MENSTRUATION AS A CURATIVE AGENT IN GYNECOLOGY.

In the *American Journal of Obstetrics*, GEHRUNG contributes a very interesting paper on the above subject, inspired by a translation which appeared in the *TIMES* some months ago. He believes the menstrual flow in modern women to be greatly in excess of the actual want, even when confined within ordinary limits; because of increasing engorgement and decreasing resistance, due to the effects of civilization, the effects of repeated menstruations, of pregnancy and labor, and to inherited habit.

In anemic women, this loss is apt to be greater and even more injurious than in the robust. He describes these cases, where the woman's whole existence is spent in making blood enough to be again uselessly spilt at the next menstrual period. Treatment affords temporary relief, which is lost at each recurrence of menstruation.

For this condition he recommends the tampon. He uses absorbent cotton, made into numerous little balls, squeezed dry from a 1 to 2 per cent. alum solution, and packed around and upon the cervix uteri through a speculum (Sims' or valvular). The tampon is packed in solidly. It is left for 48 hours, unless bleeding occurs sooner, when it is renewed.

This lessens the loss of blood and the duration of menstruation. Rest is desirable, though not essential. He applies the tampon on the first appearance of menstruation. He very judiciously suggests that while intelligent women appreciate the value of the procedure, with the lower class it is best not to reason about it.

After putting this procedure into practice in very severe cases, he reports unquestionable success, and no cause to regret the treatment. In nearly every case the patients have been elated with the results. He had hesitated in publishing his cases until he saw in the

TIMES for June 1888, a translation of an article by Loewenthal on the same subject.

His rule for the use of the tampon is based on the answers to the following questions:

1. How much blood does the patient lose?
2. How much can she afford to lose?

GRESSWELL, in *The Practitioner*, recommends oxygen and oxygenated water in scarlatina. He finds the water the best means for relieving thirst, and thinks the gas lessens the tendency to albuminuria and promotes convalescence.

ROLLESTON (*Practitioner*) observed alarming dyspnoea with collapse, following the administration of paraldehyde in case of chronic emphysema.

#### THE ILLS WHICH CORSETS CAUSE.

- Local hepatitis.
- Hepatic calculus and colic.
- Wandering liver.
- Protuberant abdomen and enteropositis.
- Prolapse and flexions of the womb.
- Lateral spinal curvature.
- Anæmia, chlorosis.
- Dyspepsia.
- Diminished lung capacity and oxygen starvation.
- Intercostal neuralgia.
- Weak eyes.
- Bright's disease.

—N. Y. Med. Record.

TOBACCO A MICROBICIDE.—Researches made in the University of Pisa show that exposure to tobacco smoke delays the development of all varieties of microbes. Hereafter we must commend the action of the surgeon who operates in a room filled with tobacco smoke; and physicians must no longer selfishly deprive their families of the benefits to be derived from a plentiful supply of this powerful antizymotic.

AUSTRALIAN VITAL STATISTICS.—During July, 1888, there were registered in Melbourne 630 boys and 602 girls; total 1232.

The deaths for the same month numbered 594. One hundred and thirty-nine of these deaths took place in public institutions, and 134 were of chil-

dren under one year.—*Australian Med. Journal*.

This is an enormous proportion of births, and indicates a very exceptional state of affairs. We are sorry our contemporary did not explain this interesting fact, as well as the great number of deaths in public institutions.

The English government is considering the propriety of abolishing the Army Medical School at Netley. This would be a step backwards, as the varied nature of the services which the British surgeon may be called upon to perform in every quarter of the globe, renders a school for special preparation a very valuable institution.

HYPERIDROSIS.—For sweating feet, a French writer recommends the application of a 1 per cent. solution of chromic acid on absorbent cotton to the plantar surface and between the toes.

#### HEADACHE.

FORM.	TREATMENT SUGGESTED.
1. Anemic.	Amyl, Bella, Fe., Menthol, Quin.
2. Bilious.	Ammon. Chl., Hg., Mag. Sulph., Podoph.
3. Cardiac.	Cactus, Dig., Glonoin., Strophanth.
4. Catarrhal.	Acon., Potas. Iod., Puls., Duboisine.
5. Cerebral scintillation.	Anodyne, Ergot.
6. Cerebral tumor.	Ergot, Potass. Iod.
7. Cinchonism.	Bromides, Iodides.
8. Congestive, active.	Acon., Erg., Morph., Pod., Salines.
9. Congestive, passive.	Aq. ferv., Dig., Potas. Acetat.
10. Climateric.	Cimicif., Ver. Vir., Sulphur.
11. Constipation.	Aloin, Cascara, Hg., Nux Vom., Pod.
12. Diabetic.	Potass. Brom., Valerian.
13. Dyspeptic.	Bryon., Guarana, Nux Vom., Sod. Salicyl.
14. Fevers.	Acon., Antipy., Dig., Gels., Ver. Vir.
15. Gouty.	Colch., Salicyl.
16. Hemicrania.	Antipy., As., Can. Ind., Dig., Gels.
17. Hemorrhoidal.	Cascara, Sulphur.
18. Hysterical.	Asaf. Camph., Hyos., Val. of Zn.
19. Idiopathic.	Caffeine, Guarana, Bromides.
20. Inebriate.	Bromides, Camph. Monobrom., Chloral, Hyos., Pilocarp.
21. Migraine.	Antip., Brom., Ergot, Glonoin, Menthol.
22. Meningeal.	As. et Op., Frigus, Gels.
23. Menstrual.	Am. Mur., Antipy., Gels., Pierot., Viburn.
24. Malarial.	Ars. et Bell., Gels., Quin., Am. Pier.
25. Nervous.	Bromides, Gels., Guarana, Strych., Zinc.
26. Neuralgic.	Antipy., Caffein., Gels., Phosp., Quin.
27. Optical.	Correct the vision. Rest.
28. Ovarian.	Am. Mur. Gels., Viburn.
29. Periodic.	Potass. Iod.
30. Periodical.	Ars., Can. Ind., Gels., Quin.
31. Plethoric.	Alkalies, laxatives.
32. Rheumatic.	Colch., Pot. Iod., Salicyl.
33. Sick.	Caff. Citrat., Guarana, Nux Vom., Sod. Phosph.
34. Syphilitic.	Hg., Pot. Iod., Stillingia.
35. Toxicemic.	p. r. n.
36. Uremic.	Elater., Morph., Pilocarp., Podoph.
37. Uterine.	Bella., Cimicif., Viburn.
38. Worms.	Salicyl., Vermicides, Vermifuges.
39. Zymotic.	p. r. n.

BENJ. EDSON, M.D., in *Medical World*.



## MISCELLANY.

Dr. R. Leonard, of Mauch Chunk, a leading physician of Carbon county, while walking home from a visit to a patient early on the morning of the 23d, was struck by a passing train and killed. Dr. Leonard enjoyed the confidence of the people, was active in all matters pertaining to medicine, as well as to the general interests of the community in which he lived, and his death will cause a gap not easily filled. He was President of the Lehigh Valley Medical Association in 1884.

## AN IMITATION HOSPITAL.

In a Hungarian town the Red Cross authorities had neglected to organize their hospital for two years, when they received notice of an Archducal visitor who would be with them in two days. No time was to be lost; a building was rented for a month and 100 workmen set to work to put it in order. Beds and other necessities were borrowed from a real hospital and patients hired. The Archduke declared himself satisfied; but he had scarcely turned his back when the workmen were called in to restore the house to its former condition. The patients were dismissed—but here there was a hitch. They declined to go. They were receiving two florins a day for being sick, and knew they had a good thing. They were put out by force; took their cases into court; the committee was compelled to pay them their wages; and as the affair came to the Archduke's ears, the originators of the scheme failed to obtain the decorations they expected.

Thus, even in this bad old 19th century world, vice occasionally receives its due reward.

Thus far the experiments made in Australia upon rabbits, by inoculating them with chicken cholera, have proved negative; the disease causing death, but not proving contagious. In but one case was there apparent contagion, and this was balanced by a wild rabbit, which took the poison with impunity.

Millard uses tincture lobelia inflata as a surgical dressing; applying it upon absorbent cotton to recent wounds and injuries.—*S. Cal. Pract.*

## HOW TO RAISE THE EPIGLOTTIS.

In the *Medical Press* HOWARD gives cogent reasons for concluding that:

1. Traction of the tongue cannot raise the epiglottis.

2. By sufficient extension of the head and neck, by volition, instinct, reflex action or by the effort of another person; in the healthy, the dying or the dead; the epiglottis is instantly, and beyond prevention, made completely erect.

3. By complete extension of the head and neck, the tongue and velum are, as respiratory obstructions, simultaneously with the epiglottis, removed; and, without a moment's delay, the entire air-way can be straightened, enlarged, and be made free throughout, by the nearest person.

4. If syncope happens to be the chief factor, or only incidental, this also gets thus the quickest and best corrective.

The author believes that the recognition of these facts will be found to be permanent additions to our means of averting death.

## CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 24, 1888.

P. A. SURGEON A. C. HEFFINGER.—Ordered to the U. S. S. "Kearsarge."

ASST. SURGEON PATRICK H. BRYANT.—Ordered to the Naval Hospital, Brooklyn, N. Y. SURGEON DANIEL MCMURTRIE.—Ordered to the U. S. Recg.-ship "Vermont."

SURGEON M. C. DRENNAN.—Detached from "Vermont" and to the "Atlantic."

SURGEON G. F. WINSLOW.—Detached from the "Atlanta" and placed on waiting orders.

P. A. SURGEON W. A. MCCLURG.—Detached from the "Tallapoosa" and to the "Kearsarge."

ASST. SURGEON L. L. VON WEDEKIND.—Ordered to the "New Hampshire."

P. A. SURGEON A. C. HEFFINGER.—Detached from the "Kearsarge" and to the "Tallapoosa."

SURGEON B. F. STEPHENSON.—Detached from navy yard, Boston, and to the "Wabash."

MEDICAL DIRECTOR A. S. OBERLY.—Ordered to the U. S. S. "Richmond."

SURGEON W. H. JONES.—Detached from the U. S. S. "Richmond" and wait orders.

## CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 10, 1888.

SURGEON D. DICKINSON.—Ordered to Naval Hospital, Mare Island, California.

SURGEON G. P. BRADLEY.—Detached from Naval Hospital, New York, and to "Iroquois."

SURGEON R. C. PERSONS.—Detached from Army and Navy Hospital, Hot Springs, Arkansas, and to Naval Hospital, New York.

**P. A. SURGEON ERNEST NORFLEET.**—Detached from Naval Hospital, Mare Island, California, and to the "Trenton."

**ASSIST. SURGEON H. N. T. HARRIS.**—Detached from Naval Hospital, Mare Island, California, and to the "Kearsarge."

**ASSIST. SURGEON J. S. SAYRE.**—Ordered to examination for promotion.

**P. A. SURGEON H. G. BEYER.**—Detached from "Trenton," and granted six months leave, with permission to leave the United States.

**PATRICK H. BRYANT and LUTHER L. VON WEDEKIND.**—Commissioned Assistant Surgeons, U. S. Navy.

*CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 17, 1888.*

**P. A. SURGEON ROBERT SWAN.**—Ordered before Retiring Board 19th inst.

*OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM NOVEMBER 4, 1881, TO NOVEMBER 17, 1888.*

By direction of the Secretary of War, the retirement from active service this date, by operation of law, of Colonel Elisha I. Baily, Surgeon, under the provisions of the Act of Congress approved June 30, 1882, is announced. Colonel Baily will repair to his home. Par. 1, S. O. 266, A. G. O., Washington, November 14, 1888.

By direction of the President, Lieutenant-Colonel Basil Norris and Major Henry R. Tilton, Surgeons U. S. Army, are detailed as members of the Army Retiring Board, appointed to meet at San Francisco, California, by War Department. Order dated October 27, 1888, published in Special Orders No. 253, October 30, 1888, from Headquarters of the Army. Vice-Colonel Elisha I. Baily, Surgeon, and Captain John J. Cochran, Assistant Surgeon, hereby relieved. Par. 13, S. O. 261, A. G. O., Washington, November 8, 1888.

By direction of the Secretary of War, Lieutenant Colonel Joseph C. Baily, Assistant Medical Purveyor, will transfer at once the public funds for which he is now responsible to Captain Henry Johnson, Medical Storekeeper, who will assume temporary charge of the Medical Purveying Depot in New York City, retaining charge thereof until relieved in person by Lieutenant-Colonel E. P. Vallum Surgeon, under his assignment as Acting Assistant Medical Purveyor, to whom Captain Johnson will then transfer the public funds. Par. 1, S. O. 257, A. G. O., Washington, D. C., November 3, 1888.

**MAJOR ELY McCLELLAN, SURGEON.**—Is relieved from duty at Jefferson Barracks, Missouri, and will report for duty at Chicago, Illinois, as attending surgeon and examiner of recruits. Par. 15, S. O. 261, A. G. O., Washington, November 8, 1888.

**MAJOR JOHN H. BARTHOLOMEW, SURGEON.**—Is relieved from further duty in the Department of Texas, and will report to the commanding officer at Plattsburgh Barracks, New York. Par. 15, S. O. 261, A. G. O., Washington, November 8, 1888.

By direction of the Secretary of War, leave of absence for two months, to take effect on the completion of his present duties, is granted Major Henry McEldery, Surgeon U. S. Army. Par. 3, S. O. 256, A. G. O., Washington, D. C., November 2, 1888.

Leave of absence for one month, to take effect on or about the first proximo, with permission to apply for an extension of one month, is granted Surgeon William E. Waters, Vancouver Barracks. Par. 1, S. O. 129, Headquarters Department of the Columbia, November 9, 1888.

**CAPTAIN CLARENCE EVAN, ASSISTANT SURGEON.**—Is relieved from duty at Fort Sidney, Nebraska, to take effect on the expiration of his present leave of absence, and will report in person to the commanding officer, Madison Barracks, New York, for duty at that post. Par. 2, S. O. 258, A. G. O., Washington, November 5, 1888.

**CAPTAIN DANIEL M. APPEL, ASSISTANT SURGEON.**—Is relieved from duty at Fort Davis, Texas, and will report in person to the commanding officer, Fort Sill, Indian Territory, for duty at that post, reporting by letter to the commanding general, Department of the Missouri. Par. 2, S. O. 258, A. G. O., Washington, November 5, 1888.

Leave of absence for one month, with permission to apply for an extension of one month, is granted Captain J. Van R. Hoff, Assistant Surgeon. S. O. 134, Headquarters Department of the Missouri, Fort Leavenworth, Kansas, Nov. 1, 1888.

**CAPTAIN CURTIS E. PRICE, ASSISTANT SURGEON.**—For two months, with permission to apply for an extension of ten days. Par. 2, S. O. 257, A. G. O., Washington, November 3, 1888.

**CAPTAIN MARSHALL W. WOOD, ASSISTANT SURGEON.**—For one month, with permission to apply for an extension of ten days. Par. 2, S. O. 257, A. G. O., Washington, November 3, 1888.

By direction of the Secretary of War, Captain John J. Cochran, Assistant Surgeon, is relieved from temporary duty at Headquarters Division of the Pacific, and will report in person to the commanding officer, Fort Adams, Rhode Island, for duty at that post. Par. 2, S. O. 256, A. G. O., Washington, November 2, 1888.

**ASSISTANT SURGEON W. H. ARTHUR,** upon being relieved by Acting Assistant Surgeon J. L. Ord, will proceed to comply with Par. 21, S. O. No. 250, C. S., Headquarters of the Army. Par. 5, S. O. 123, Headquarters Department of Arizona, Los Angeles, California, November 5, 1888.

By direction of the Secretary of War, First Lieutenant Alfred E. Bradley, Assistant Surgeon (recently appointed), will report in person to the commanding officer, David's Island, New York, for duty at that depot, reporting by letter to the superintendent of the recruiting service, New York City. Par. 14, S. O. 260, A. G. O., November 7, 1888.